



MILWAUKEE COUNTY
DEPARTMENT OF HEALTH AND HUMAN SERVICES

Economic Support Division

YEAR 2008
PROFESSIONAL SERVICE AGREEMENT GUIDELINES
PROGRAM AND TECHNICAL REQUIREMENTS

Issued July 2007 (ver 7/25/07)



DEPARTMENT OF HEALTH AND HUMAN SERVICES

Milwaukee County

July 2007

To: Community Agencies, Organizations and Interested Parties

The Milwaukee County Department of Health and Human Services (DHHS) invites community agencies, organizations and interested parties to participate in the **Economic Support Division's Request for Proposal (RFP) process** by submitting applications for human services programs to be purchased in the Year 2008. The Department welcomes new prospective vendors to participate in this RFP process.

Application materials (*Program Requirements* and *Technical Requirements*) will only be available in electronic format. CD-ROMs may be picked up beginning **Monday, July 16, 2007** at the Milwaukee County Marcia P. Coggs Human Services Center, **Room 109, 1220 West Vliet Street**, Milwaukee WI 53205. Materials may also be downloaded from:

<http://county.milwaukee.org/RFPInformation111327.htm>

A public meeting (pre-bid conference) will be held to discuss the application guidelines and to assist applicants in completing proposals. The meeting has been scheduled at the following time and location:

Tuesday, July 24, 2007 4:00 pm
Marcia P. Coggs Human Services Center
1220 W. Vliet St. Room 104
Milwaukee, WI 53205

All applications for funding in response to this RFP must be received by the Department of Health and Human Services no later than 4:30 p.m. on **Tuesday, September 4, 2007**. No extensions will be granted for submission of the proposals unless approved by the Director of the Department of Health and Human Services and the County Board Policy Committee.

Applications may be mailed or delivered to:

Marcia P. Coggs Human Services Center
Attention: Dennis Buesing
Room 109
1220 West Vliet Street
Milwaukee, WI 53205

Following the application review process outlined in the *Professional Service Guidelines Program and Technical Requirements*, contract award recommendations may be presented for approval to the County Board Committee on Health and Human Needs, depending upon the amount of the contract award. The County Board of Supervisors may modify or reject the funding recommendations and the County Executive may veto, in part, or whole, the County Board's action.

To receive information or assistance, please contact the following persons:

Program information	Sue Moeser, Economic Support Div. (414) 289-6645
Technical assistance	Judy Roemer-Muniz, Contract Administration (414) 289-6692
Fiscal/Budget	Sumanish Kalia, Contract Administration (414) 289-6757

Thank you for your interest in the Milwaukee County Department of Health and Human Services RFP process.

Sincerely,



Corey Hoze
Director, Milwaukee County Department of Health and Human Services

ECONOMIC SUPPORT

INTRODUCTION AND APPLICATION REQUIREMENTS

INTRODUCTION

Welcome to the Year 2008 Request for Proposal (RFP) process. The technical requirements set forth in these guidelines apply to proposals submitted for funding programs under the Department of Health and Human Services (DHHS) Economic Support Division. The programs for bid are described in Section I of this booklet.

The APPLICATION FORMAT information is organized into six (6) separate sections, each of which contains items to be submitted in the application. Instructions and forms are included in each section; forms can also be found on the Contract Administration web page at:

<http://www.county.milwaukee.gov/RFPInformation111327.htm>

ALL APPLICATIONS WILL BE EVALUATED AS DESCRIBED IN THE “OVERVIEW OF PROPOSAL REVIEW PROCESS” FOUND AT THE END OF THIS REQUEST FOR PROPOSAL.

APPLICATION REQUIREMENTS

Applications will be accepted only for the programs described in Section I. Applications submitted by an agency become the property of Milwaukee County upon submission. For agencies awarded a contract, the application material submitted is placed in an agency master file that becomes part of the contract with the Milwaukee County Department of Health and Human Services. Application material becomes public information and is subject to the open records law only after the procurement process is completed and a contract is fully executed. Prior to the granting of contract awards and the full execution of a contract, the application is considered a "draft" and is not subject to the open records law.

All applications must be typed using the format and the forms presented in this booklet. All pages are to be numbered chronologically, with each requested item on a separate page. If there is any question about the applicability of a particular item, contact either Sue Moeser (414) 289-6645 or Judy Roemer-Muniz (414) 289-6692. In the case an item is determined **not** to be applicable, include a separate page in the appropriate place indicating this is the case and with whom you spoke. If a separate page is **not** included with this information and the item is **not** submitted with the application, it will be considered an omission. Points will be deducted during the proposal scoring process for all omissions, and depending upon which items are missing, the entire application may be removed from consideration.

The application must include a cover letter, signed by the person authorized to file the application by the agency, addressed to the Director of the Department of Health and Human Services. See Item 1 for sample letter. The application must also include the Application Contents Checklist.

Milwaukee County retains the right to reject any and all proposals, to accept the proposal most beneficial to Milwaukee County; or to re-bid or re-advertise for any or all professional services in the RFP.

One original plus **four** copies of the complete application must be submitted on three-hole punched paper.

All applications for funding in response to this RFP must be received by the Department of Health and Human Services no later than 4:30 p.m. on **Tuesday, September 4, 2007**. No extensions will be granted for submission of the proposals unless approved by the Director of the Department of Health and Human Services and the County Board Policy Committee.

Applications may be mailed or delivered to:

**Marcia P. Coggs Human Services Center
Attention: Dennis Buesing
1220 West Vliet Street Room 109
Milwaukee, WI 53205**

Living Wage Milwaukee County has a goal that all contractors pay a Living Wage of no less than \$7.84 per hour to all full-time skilled and unskilled workers employed in any work performed as part of a Milwaukee County professional services agreement. While not a requirement, payment of a living wage will be one of the criteria upon which applicants shall be evaluated in the review and scoring of proposals.

Disadvantaged Business Enterprise Utilization DHHS has set a goal of 17% participation of Disadvantaged Business Enterprises (DBEs) in all Professional Service Contracts. Applicable Milwaukee County DBE forms included with this RFP in Section V must be completed, signed and submitted with each proposal. For more information, contact the Community Business Development Partners office at 278-5248.

Please note: If you are certified as a DBE vendor, subcontracting with a DBE is not a requirement. Please include a copy of your certification with your application.

SAMPLE COVER LETTER

ITEM #1

(ON VENDOR LETTERHEAD)

DATE:

Mr. Corey Hoze, Director
Milwaukee County Department of Health and Human Services
1220 West Vliet Street, Suite 301R
Milwaukee, WI 53212

Dear Mr. Hoze:

I am familiar with the *"Year 2008 Professional Service Agreement Program Guidelines and Technical Requirements"* set forth by the Milwaukee County Department of Health and Human Services and am submitting the attached proposal that, to the best of my knowledge, is a true and complete representation of the requested materials.

Sincerely,

Authorized Signature _____

Title _____

Name of Agency _____

YEAR 2008 APPLICATION SUMMARY SHEET**ITEM #2**

Agency _____ Agency Director _____
(Name & Title)

Address _____
(Street) (City) (State) (Zip)

Contact Person _____

Telephone # _____ Email _____

Agency Fiscal Period _____ Federal ID Number _____
(Mo/Day/Year-Mo/Day/Year)

Please complete the following information for each 2008 program proposed in your application. Program name, and if applicable, a program number must be assigned to each program.

(REFER TO TABLE OF CONTENTS IN PROGRAM REQUIREMENTS FOR PROGRAM NUMBER & NAME)

A. Program Number: _____ **Program Name:** _____

Continuation _____ Expansion _____ New _____

2007 Funding: _____ 2008 Request: _____

Site(s):

(1) _____	(4) _____
(2) _____	(5) _____
(3) _____	(6) _____

B. Program Number: _____ **Program Name:** _____

Continuation _____ Expansion _____ New _____

2008 Funding: _____ 2008 Request: _____

Site(s):

(1) _____	(4) _____
(2) _____	(5) _____
(3) _____	(6) _____

C. Program Number: _____ **Program Name:** _____

Continuation _____ Expansion _____ New _____

2007 Funding: _____ 2008 Request: _____

Site(s):

(1) _____	(4) _____
(2) _____	(5) _____
(3) _____	(6) _____

THIS SHEET MUST BE ATTACHED TO THE TOP OF THE APPLICATION PACKAGE.
PLEASE DUPLICATE AS NEEDED

ECONOMIC SUPPORT

SECTION I

PROGRAM DESCRIPTIONS/SCOPE OF WORK

RECOMMENDED PROGRAMS and TENTATIVE ALLOCATIONS

<u>Program #</u>	<u>Program</u>	<u>Tentative Alloc.*</u>	<u>Page #</u>
ESD 002	Child Care Provider Training- Professional Business Practices	\$20,000	10-13
ESD 003	Child Care Provider Training- Health & Safety	\$30,000	14-18
ESD 004	Child Care Program Surveys	\$50,000	19-21
Grand Total:		\$100,000	

***Final 2008 allocations are contingent on the 2008 adopted budget.**

PROGRAM# ESD-002

Milwaukee County Childcare Provider Training – Professional Business Practices

TENTATIVE BUDGET: \$20,000

TARGET GROUP:

Certified and Licensed Early Childhood Professionals who provide child care services within Milwaukee County.

PROGRAM GOALS:

- Recordkeeping workshops, which are mandated by Milwaukee County for **all** Certified childcare providers.
- Contracts/Policy, Marketing, Personnel, and Communication workshops to aid in professional development and establish sound business practices.
- Other workshops relative to this profession. See Service Description below.

GENERAL INFORMATION:

On the average, there are 150 newly certified childcare providers and an even larger number of newly licensed childcare providers in Milwaukee County over the course of a given year.

In the majority of cases, these Early Childhood Professionals are new entrepreneurs and while they may have experience in the care of children, they are lacking in the areas of sound business practice, policy, and procedure. These areas need to be addressed in order to promote successful business ventures.

SERVICE DESCRIPTION:

The program year will begin on January 1, 2008 and end on December 31, 2008. The vendor will be responsible for the development and presentation of trainings, workshops, and /or in-services in the areas of:

1. Recordkeeping

- Conduct a minimum of 2 (two) workshops of 2 hours in length per month in English. As this class is mandated for all certified childcare professionals, names will be furnished by Milwaukee County. Topics should include, but are not limited to:
 - Documentation of children and employee attendance.
 - Keeping track of income and expenses.

-Basic tax information

- Workshops are to be held at both North and South side locations, to be approved by Milwaukee County.
- A minimum of one workshop per quarter must be available in Hmong and a minimum of one workshop per quarter must be available in Spanish. (This requirement is to be fulfilled based on need, to be determined by Milwaukee County. Additional workshops in these languages may be required. If this is necessary it will constitute one of the “other” classes listed below.)

2. Other

- Conduct a minimum of 4 (four) workshops (one every quarter) of 2 hours in length on other topics relative to the early childhood profession. Suggestions for topics include, but need not be limited to:

-Marketing (basic marketing concepts and principles, how to market a daycare business, best practices for available budget)

-Contracts and Policies (key elements of a contract, how to write a contract for both parents and employees, establishing business relationships with parents and the community, how to resolve conflicts and enforce contracts, how to develop a rate policy)

-Personnel Practices (how to develop job descriptions, how to recruit and hire employees, supervision, employee evaluation, personnel policies)

-Communication (keeping parents informed, how to communicate with employees, networking with other providers and community partners)

Vendor must:

1. Provide outlines of all trainings to appropriate Milwaukee County personnel along with a description of how the class will be marketed to daycare providers **before** trainings are scheduled.
2. Provide the facility for training, workshop and/or in-service participants
3. Track provider participation in trainings, in-services and/or workshops
4. Market and schedule classes
5. Provide trainings during hours that are accessible to most childcare providers (i.e. nights and Saturdays).
6. Provide certificates of completion to attendees and report training hours to the Registry. The vendor must collect necessary fees for Registry reporting from program participants.
7. Develop a customer satisfaction survey to be distributed to all workshop participants. A copy of the survey instrument is to be included with the proposal.
8. Training materials developed under the contract are the property of Milwaukee County.

STAFFING REQUIREMENTS:

- Workshop presenters must have a minimum of a 2-year degree in early childhood education or business. A 4-year B.A. or B.S. degree is preferred.
- Childcare provider applicants in a staff position or applying as vendors on their own must be in compliance with licensing and/or DWD requirements, and must pass a quality of care providers review conducted by appropriate Milwaukee County staff.
- Extensive knowledge of certified, licensed family, and licensed group childcare rules and regulations in Wisconsin.
- Experience working in a childcare environment
- Successful experience in working with culturally diverse populations
- Ability to serve providers who speak the Hmong and Spanish languages
- Possession of a valid WI Driver's License
- Must be able to communicate effectively with all levels of early childhood professionals, other organizations related to the field, and Milwaukee County.

REPORTING REQUIREMENTS:

Vendor will provide a monthly activity report, due the 7th of each month. Each monthly report must include the following:

- Information on all workshops held during the month to include: topic of workshop, service date, location, name of presenter, number attending
- Attendance roster for each workshop using an excel spreadsheet to include: provider's last name, first name, address, and provider number. If the provider is from a group center please request the last 5 digits of social security number for identification purposes or a birth date including the year.
- Sign-in sheets verifying provider's attendance in classes held during the month.
- Results of satisfaction surveys for each training

Report information to The Registry regarding provider's training hours and forward the fees to The Registry collected for recording participant information.

Vendor will provide a final report, due the 15th of January 2009. The final report will contain the following information summarized from the monthly reports:

- The schedule of workshops offered, the topic and a brief description of each workshop
- The total number of participants for the year by training topic
- A summary of program evaluation data from the satisfaction surveys completed for each workshop
- Program suggestions, concerns, and ideas for improvement for future classes.

Submit ten (10) copies of the final report.

Vendor will cooperate with any other special reports and/or evaluation activities as requested by Milwaukee County.

PAYMENT METHOD:

Cost reimbursement of actual expenses incurred based on the vendors budget approved by DHHS.

Vendor will provide a monthly billing due the 7th of each month indicating the total number of classes held, all related expenses for the month and the total amount due.

PERFORMANCE STANDARDS:

- Vendor will meet with Milwaukee County staff as needed to discuss program and performance standards.
- Vendor will participate in a six month and 12 month review of contract accomplishments with Milwaukee County
- All reporting is accomplished on a consistent and timely basis.
- Vendor must conduct 28 workshops and train a minimum of 280 people. ^α Workshops are to be one hour in length.
- Vendor must achieve an overall satisfaction rating of 90% or higher in satisfaction surveys.

Vendor will cooperate with any special reports, training and/or evaluation activities as required by Milwaukee County.

^α Revised and replaced on 7/25/07 to update “36 workshops (3 per month) and train a minimum of 360 people. “

Program# ESD-003

Milwaukee County Childcare Provider Training – Health and Safety

TENTATIVE BUDGET: \$30,000

TARGET GROUP:

Certified Family, Licensed Family, and Licensed Group Childcare Providers living and working in Milwaukee County.

PROGRAM GOALS:

- Provide health and safety workshops to raise the level of childcare provider awareness of what constitutes quality in health and safety for children in childcare, and to improve childcare providers' implementation of evidence-based practices regarding the health, safety and well being of children in Milwaukee County.
- Provide child development workshops to aid in the development of age appropriate practices in caring for children in Milwaukee County childcare centers.

GENERAL INFORMATION:

Over the last several years, Milwaukee County DHHS has partnered with a variety of agencies in assessing the quality of both licensed and certified childcare providers in our area. Data has shown that providers continually score in the “inadequate” range in the areas of Health and Safety. This proposal is an effort to address and eradicate this unacceptable level of care.

SERVICE DESCRIPTION:

The program year will begin on January 1, 2008 and end on December 31, 2008. The vendor will be responsible for the development and presentation of 3 (three) 2-hour trainings, workshops, and/or in-services per month in the areas such as:

- Proper hygiene practices for providers and children:
 - When should I was wash my hands and the children's hands?
 - What is the proper technique for hand washing?
 - Proper diapering and toileting of children

- How do I avoid contaminating surfaces during diapering?
- Field trip hygiene practices
- Etc.
- Sanitation practices within the child care environment outdoors and on field trips.
 - What are the proper use of chemicals, such as Lysol and bleach solution; when should I use them and why?
 - What are the differences between sanitizing and disinfecting an area?
 - What is an appropriate schedule for cleaning and sanitizing or disinfecting equipment and surfaces in the environment?
 - What does “clean” mean in a childcare environment?
 - Food preparation areas and food storage.
 - etc.
- Safe storage of potentially dangerous materials and supplies.
 - Identify potentially dangerous materials and supplies
 - Strategize and develop methods for storage that can be incorporated safely into the home or center environment.
 - etc.
- Safe transportation of children
 - Proper child restraints for safe travel.
 - Car, van or bus service and safety inspections
 - Proper documentation to take on a field trip or in transporting
 - Emergency and first aid equipment to take on a field trip or for transporting
 - Importance of proper supervision on a field trip and in transporting
 - etc.
- Equipment Safety in the family and group childcare environment.
 - Current and past recall list for childcare equipment.
 - What to look for when shopping in store, catalogs and at rummage sales
 - When is it time to replace toys, cabinets, chairs and shelves?
 - What toys are not recommended for use in childcare homes and centers?
 - How to arrange and secure heavy shelving and unsafe furniture in the childcare environment.
 - etc.
- Proper Nutrition and Healthy Eating Habits
 - Infant food schedules and food preparation
 - Developing a balanced meal plan and providing proper nutrition specific to the different age groups.
 - The importance of hydration in a child’s diet.
 - Menu planning using the federal food guidelines
 - Making food/beverage substitutions for children with allergies and proper posting of allergies.
 - etc.
- Importance of physical exercise for children
 - How often should you take children outside?
 - Should infants go outside and why?
 - The health effects of limited outdoor activity.
 - Curriculum planning for the outside
 - Planning a safe outside environment using guidelines from the Environmental Rating Scales.

- Signs to look for in relation to hearing and vision problems, and how they relate to difficulty in learning, language development and socialization. Part of the workshop, training or in-service should address how to work with parents in regard to these issues and how to constructively bring potential problems to their attention. Provide service network information for providers to use and share with parents.
- Shaken Baby Syndrome – (State of WI certified trainer only)
- Other topics as requested by Milwaukee County

Curriculum materials from courses taught through the Milwaukee County Childcare program in previous years are available.

VENDOR REQUIREMENTS:

1. Provide outlines of all trainings to appropriate Milwaukee County personnel along with a description of how the class will be marketed to daycare providers **before** trainings are scheduled.
2. Provide the facility for training, workshop and/or in-service participants.
3. Track provider participation in trainings, in-services and workshops
4. Market and schedule classes.
5. Provide trainings during hours that are accessible to most childcare providers (i.e. nights and Saturdays).
6. Provide certificates of completion to attendees and report training hours to the Registry. Necessary fees for Registry reporting must be collected by the vendor from program participants and forwarded to the Registry along with training records.
7. Develop a customer satisfaction survey to be distributed to all workshop participants. A copy of the survey instrument is to be included with the proposal.
8. Training materials developed under the contract are the property of Milwaukee County.

STAFF REQUIREMENTS:

- Must have at minimum a 2-year degree in early childhood education or a 4-year B.A. or B.S. degree. Masters degree and/or experience in the health field preferred for instructors in health related topics.
- Childcare provider applicants in a staff position or applying as vendors on their own must be in compliance with licensing and/or DWD requirements, and must pass a quality of care providers review conducted by appropriate Milwaukee County staff.

- Extensive knowledge of certified, licensed family, and licensed group childcare rules and regulations in Wisconsin.
- Experience working in a childcare environment.
- Successful experience in working with culturally diverse populations.
- Ability to serve providers who speak the Hmong and Spanish languages.
- Possession of valid Wisconsin driver's license.
- Must be able to communicate effectively with all levels of early childhood professionals, other organizations related to the field, and Milwaukee County.

REPORTING REQUIREMENTS:

Vendor will provide a monthly activity report, due the 7th of each month. Each monthly report must include the following:

- Information on all workshops held during the month to include: topic of workshop, service date, location, name of presenter, number attending
- Attendance roster for each workshop using an excel spreadsheet to include: provider's last name, first name, address, and provider number. If the provider is from a group center please request the last 5 digits of social security number for identification purposes or a birth date including the year.
- Sign-in sheets verifying provider's attendance in classes held during the month.
- Results of satisfaction surveys for each training

Vendor will report information to The Registry regarding provider's training hours.

Vendor will provide a final report, due the 15th of January 2009. The final report will contain the following information summarized from the monthly reports:

- The schedule of workshops offered, the topic and a brief description of each workshop
- The total number of participants for the year by training topic.
- A summary of program evaluation data from the satisfaction surveys completed for each workshop.
- Program suggestions, concerns, and ideas for improvement for future classes.

Submit ten (10) copies of the final report.

Vendor will cooperate with any other special reports and/or evaluation activities as requested by Milwaukee County.

PAYMENT METHOD:

Cost reimbursement of actual expenses incurred based on the vendors budget approved by DHHS.

PERFORMANCE STANDARDS:

- Vendor will meet with Milwaukee County staff as needed to discuss program and performance standards.
- Vendor will participate in a six month and 12 month review of contract accomplishments with Milwaukee County.
- All reporting is accomplished on a consistent and timely basis.
- Vendor must conduct 36 workshops (3 per month) and train a minimum of 360 people. Workshops are to be two hours in length.
- Vendor must achieve an overall satisfaction rating of 90% or higher in satisfaction surveys.
- Vendor will cooperate with any special reports, training and/or evaluation activities as required by Milwaukee County.

Program# ESD-004

Milwaukee County Childcare Program Surveys

TENTATIVE BUDGET: \$50,000

TARGET GROUP:

Certified family, licensed family, and licensed group childcare providers and families living and working in Milwaukee County

PROGRAM GOALS:

- Complete a rate survey of Milwaukee County licensed family and licensed group child care providers
- Complete a customer service survey of Milwaukee County parents who are eligible and using Wisconsin Share Child Care Subsidy Program.

GENERAL INFORMATION:

Rate Survey: The annual rate survey is required by federal regulations and state administrative rule and is used to establish a level of maximum reimbursement rates for the Wisconsin Shares Child Care Subsidy Program. Each year Milwaukee County surveys all licensed providers to collect childcare prices and related information. The goal of this survey is to establish the most accurate market rates to be used to reimburse day care costs for low to moderate income families. The price information is made available to the state to calculate annual Maximum Reimbursement Rates for the Wisconsin Share Subsidy Program as required by DWD 56.06 of the Wisconsin Administrative Code. This allows the state to establish a rate that is fair and competitive so that assistance can be provided to as many families as possible. The survey instrument and methodology is provided by DWD during the summer of each year and the survey is conducted in the fall. The rate is calculated by age group and childcare provider classification (licensed group, licensed family, regularly certified and provisionally certified)

Customer Service Survey: The contract between Milwaukee County and the Department of Workforce Development requires that an annual customer service survey be conducted of parents using the Wisconsin Shares Child Care Subsidy Program. During January of each year Milwaukee County is required to submit a plan to DWD of how they plan to complete the customer service survey. A survey instrument currently

exists and it is anticipated that this instrument and the survey methodology used in 2007 will be used in 2008, although slight modifications are possible. The survey work must begin and be completed according to state timelines (usually beginning in March of each year).

SERVICE DESCRIPTION:

Rate Survey

1. Oversee data collection
2. Remove vendors from state data that are not to be part of survey (i.e. out of state address or telephone number, etc.). The names, addresses and telephone numbers of all providers that are removed will be provided to Milwaukee County, along with the reason for their removal.
3. A set of mailing labels for all licensed family and group providers in Milwaukee County will be provided. An excel spreadsheet including all licensed family and group providers in Milwaukee County will be provided.
4. Integrate state data with PC application
5. Prepare rate survey forms provided by the state with Milwaukee County input
6. Mail rate survey and make phone contacts as necessary
7. A separate survey must be sent to all active sites for large multiple site providers.
8. Check integrity of rate data and perform data clean up as necessary
9. Review and analyze survey data
10. Complete required state rate form
11. Organize information from survey for purposes of multiple reports
12. Write rate report
13. Prepare rate reports and distribute to approved lists
14. Attend informational and monitoring meeting with Milwaukee County as required
15. Provide rapid response to data requests from county and/or state administrators

Customer Service Survey

1. Oversee data collection
2. Remove parents/guardians from state data that are not to be part of survey (i.e. out of state address or telephone number, etc.). The names, addresses and telephone numbers of all providers that are removed will be provided to Milwaukee County, along with the reason for their removal.
3. Randomly select survey sample from population of names provided
4. Integrate data with PC application
5. Prepare customer service survey forms provided by Milwaukee County
6. Conduct customer service telephone survey using survey sample
7. Check integrity of data and perform data clean up as necessary
8. Review and analyze survey data
9. Organize information from survey for purposes of multiple reports
10. Write customer service report
11. Prepare customer service reports and distribute to approved lists
12. Attend informational and monitoring meeting with Milwaukee County as required
13. Provide rapid response to data requests from county and/or state administrators

STAFF REQUIREMENTS:

- Must have a minimum of a Masters Degree
- Experience in conducting research
- Knowledge of research methodology and practices affecting research validity and reliability
- Knowledge and expertise in data analysis
- Knowledge and expertise in the preparation of research reports

REPORTING REQUIREMENTS:

- During the time period in which data is being collected, analyzed and reports prepared, the vendor will submit a monthly report to Milwaukee County identifying the status of the research
- The vendor will complete all state requirements for the research and prepare all reports as required by the state. This work will be submitted to Milwaukee County and upon approval; Milwaukee County will submit the report(s) to the state.
- Vendor will make changes to report drafts as requested by Milwaukee County
- At the conclusion of the research, the vendor will submit a brief report to Milwaukee County identifying strengths and weaknesses of the process and providing suggestions for improvements in subsequent annual surveys

PAYMENT METHOD:

Cost reimbursement of actual expenses incurred based on the vendor's budget as approved by DHHS.

PERFORMANCE STANDARDS:

- Surveys will be conducted according to county and/or state guidelines, using instruments and methodologies provided.
- An 80% return rate is required. If this goal is not met, the vendor must explain the reason for the low return rate and obtain the approval of Milwaukee County for acceptance of the lower rate.
- All reports are completed on a timely basis according to state and/or County specifications

ECONOMIC SUPPORT DIVISION

SECTION II

AGENCY STRUCTURE

APPLICATION CONTENTS – INITIAL SUBMISSION

This content summary sheet must be attached immediately after the cover letter.

<u>Technical Requirements</u>	<u>Item Description</u>	<u>Agency Application</u>	
<u>Item #</u>		Check Each Item Included	Page # of Application
<u>INTRODUCTION</u>			
1	Cover Letter		
2	Application Summary Sheet		
<u>SECTION I– PROGRAM DESCRIPTIONS/SCOPE OF WORK</u>			
<u>SECTION II – AGENCY STRUCTURE</u>			
	Application Contents		
3	Agency Mission Statement		
4	Licenses and Certificates		
5	Indemnity Statement Provision For Data And Information Systems Compliance HIPAA Compliance Statement		
6	Disclosure		
7	Conflict Of Interest & Prohibited Practices Certification		
8	Equal Employment Opportunity Certificate		
9	Equal Opportunity Policy		
10	Certification Statement Regarding Debarment And Suspension		
<u>SECTION III-AGENCY BUDGET & FISCAL ITEMS</u>			
11	Indirect Cost Allocation Plan		
12	Agency Employee Hours and Salaries (Forms 2 and 2A)		
13	Employee Demographics Summary (Form 2B)		
14	Employee Hours-Related Organization Disclosure (Form 2C)		
15	Total Agency Anticipated Expenses (Form 5)		
16	Reserved		
<u>SECTION IV – PROGRAM DESIGN/SCOPE OF WORK</u>			
17	Program Organizational Chart		
18a	Program Logic Model		
18b	Program Narrative		
18c	Performance Assessment For Agency		
18c -2	Performance Assessment For Agency Leadership		
19	Staffing Pattern		

20		Staffing Requirements		
21		Personnel Roster		
22		Accessibility		
23		Evaluation Plan		
24		Client Characteristics Chart		
25		Program Volume Data (Form 1)		
26		Anticipated Program Expenses (Forms 3 and 3S)		
<u>SECTION V – DISADVANTAGED BUSINESS UTILIZATION</u>				
27		<u>DBE forms</u>		
<u>SECTION VI -OVERVIEW OF PROPOSAL REVIEW PROCESS, PROPOSAL REVIEW EVALUATION CRITERIA, QUALITY ASSURANCE, REQUIRED REPORTS</u>				
		Overview Of Proposal Process		
		Proposal Review Evaluation Criteria		
		Quality Assurance		
		Required Reports		

Agency attests that all items and documents checked are complete and included in the application packet.

Authorized Signature

Date

Print Name

Agency

II. FINAL SUBMISSION

After completion of the application review and upon receiving notice of a contract award, funded agencies are required to submit the following application items:

Item #	Item Description
	Insurance Certificate
	Civil Rights Compliance Plan Or Letter Of Assurance
11	Indirect Cost Allocation Plan
12	Agency Employee Hours And Salaries (Forms 2 and 2A)
13	Employee Demographics Summary (Form 2B)
15	Total Agency Anticipated Expenses (Form 5)
25	Program Volume Data (Form 1)
26	Anticipated Program Expenses (Forms 3 and 3S)

Note: Although items 11 – 15, 25 and 26 were included in the initial submission, they will need to be re-submitted once notice of contract award has been made due to possible changes in the actual amount of the award.

YEAR 2008 AGENCY MISSION STATEMENT

ITEM # 3

Agency _____

Name of parent company and/or affiliated enterprises if agency is a subsidiary and/or affiliate of another business entity _____

Submit your agency's Mission Statement:

Licenses and Certifications – Submit a copy of each license or certificate required to provide the service for which you are requesting funds and copies of any notices of noncompliance or restrictions.

**YEAR 2008 INDEMNITY, DATA & INFORMATION
SYSTEMS COMPLIANCE, HIPAA**

Indemnity/Insurance

Contractor agrees to the fullest extent permitted by law, to indemnify, defend and hold harmless, the County and its agents, officers and employees, from and against all loss or expense including costs and attorney's fees by reason of liability for damages including suits at law or in equity, caused by any wrongful, intentional, or negligent act or omission of the Contractor, or its (their) agents which may arise out of or are connected with the activities covered by this agreement.

Contractor shall indemnify and save County harmless from any award of damages and costs against County for any action based on U.S. patent or copyright infringement regarding computer programs involved in the performance of the tasks and services covered by this agreement.

Provision for Data and Information Systems Compliance

Contractor shall utilize computer applications in compliance with County standards in maintaining program data related to the contract, or bear full responsibility for the cost of converting program data into formats useable by County applications.

Health Insurance Portability and Accountability Act

The contractor agrees to comply with the federal regulations implementing the Health Insurance Portability and Accountability Act of 1996 (HIPAA) to the extent those regulations apply to the services the contractor provides or purchases with funds provided under this contract.

Authorized signature_____ Date _____

Agency_____

INSURANCE

Contractor agrees to evidence and maintain proof of financial responsibility to cover costs as may arise from claims of tort, statutes and benefits under Workers' Compensation laws and/or vicarious liability arising from employees. Such evidence shall include insurance coverage for Worker's Compensation claims as required by the State of Wisconsin, Commercial General Liability and/or Business Owner's Liability, Automobile Liability (if the Agency owns or leases any vehicles) and Professional Liability (where applicable) in the minimum amounts listed below.

Automobile insurance that meets the Minimum Limits as described in the Agreement is required for all agency vehicles (owned, non-owned, and/or hired). In addition, if any employees of the Contractor will use their personal vehicles to transport Milwaukee County employees, representatives or clients, or for any other purpose related to the Agreement, those employees shall have Automobile Liability Insurance providing the same liability limits as required of the Contractor through any combination of employee Automobile Liability and employer Automobile or General Liability Insurance which in the aggregate provides liability coverage, while employee is acting as agent of employer, on the employee's vehicle in the same amount as required of the Contractor.

If the services provided under the contract constitute professional services, Contractor shall maintain Professional Liability coverage as listed below. Treatment providers including psychiatrists, psychologists, social workers) who provide treatment off premises must obtain General Liability coverage (on premises liability and off-premise liability), to which Milwaukee County is added as an additional insured, unless not otherwise obtainable.

It being further understood that failure to comply with insurance requirements might result in suspension or termination of the Agreement.

Type of Coverage	Minimum Limits
<u>Wisconsin Workers' Compensation</u> or Proof of all States Coverage	Statutory
<u>Employers' Liability</u>	\$100,000/\$500,000/\$100,000
<u>Commercial General Liability</u>	
Bodily Injury & Property Damage (Incl. Personal Injury, Fire, Legal	\$1,000,000 - Per Occurrence
Contractual & Products/Completed Operations)	\$1,000,000 - General Aggregate
<u>Automobile Liability</u>	
Bodily Injury & Property Damage All Autos - Owned, Non-Owned and/or Hired	\$1,000,000 Per Accident
Uninsured Motorists	Per Wisconsin Requirements

Professional Liability

<u>To include Certified/Licensed Mental Health and AODA Clinics & Providers and</u>	\$1,000,000 Per Occurrence \$3,000,000 Annual Aggregate
Hospital, Licensed Physician or any Other qualified healthcare provider under Sect 655Wisconsin Patient Compensation Fund Statute	As required by State Statute
Any non-qualified Provider under Sec 655 Wisconsin Patient Compensation Fund Statute State Of Wisconsin (indicate if Claims Made or Occurrence)	\$1,000,000 Per Occurrence/Claim \$3,000,000 Annual Aggregate
Other Licensed Professionals	\$1,000,000 Per Occurrence \$2,000,000 Annual Aggregate
	Should the statutory minimum limits change, it is agreed the minimum limits stated here within shall automatically change as well

The Milwaukee County Department of Health & Human Services, as its interests may appear, shall be named as, and receive copies of, an “additional insured” endorsement, for general liability, automobile insurance (except for hired or non-owned vehicles), and umbrella/excess insurance. Milwaukee County DHHS must be afforded a thirty day (30) written notice of cancellation or non-renewal. Disclosure must be made of any non-standard or restrictive additional insured endorsement, and any use of non-standard or restrictive additional insured endorsement will not be acceptable. A certificate indicating the above coverages shall be submitted for review and approval by county for the duration of this agreement.

Exceptions of compliance with “additional insured” endorsement are:

1. Transport companies insured through the State “Assigned Risk Business” (ARB).
2. Professional Liability where additional insured are not allowed.

Contractor shall furnish County annually on or before the date of renewal, evidence of a Certificate indicating the above coverages (with Milwaukee County DHHS named as the “Certificate Holder”) shall be submitted for review and approval by County throughout the duration of this Agreement. If said Certificate of Insurance is issued by the insurance agent, it is the Contractor’s responsibility to ensure that a copy is sent to the insurance company to ensure that the County is notified in the event of a lapse or cancellation of coverage.

If Contractor's insurance is underwritten on a Claims-Made basis, the Retroactive date shall be prior to or coincide with the date of this agreement, the Certificate of Insurance shall state that *professional malpractice or errors and omissions coverage, if the services being provided are professional services* coverage is Claims-Made and indicate the Retroactive Date, Contractor shall maintain coverage for the duration of this agreement and for six (6) years following the completion of this agreement.

It is also agreed that on Claims-Made policies, either Contractor or County may invoke the tail option on behalf of the other party and that the Extended Reporting Period premium shall be paid by the Contractor.

Binders are acceptable preliminarily during the provider application process to evidence compliance with the insurance requirements.

All Coverages shall be placed with an insurance company approved by the State of Wisconsin and rated "A" per Best's Key Rating Guide. Additional information as to policy form, retroactive date, discovery provisions and applicable retentions, shall be submitted to County if requested, to obtain approval of insurance requirements. Any deviations, including use of purchasing groups, risk retention groups, etc., or requests for waiver from the above requirements shall be submitted in writing to the Milwaukee County Risk Manager for approval prior to the commencement of activities under the Contract.

Milwaukee County Risk Manager
Milwaukee County Courthouse – Room 302
901 N. 9th St.
Milwaukee, WI 53233

YEAR 2008 DISCLOSURE

ITEM #6

Milwaukee County Employee

Submit a list of any Milwaukee County employee, or former County employee to whom your agency paid a wage, salary, or independent contractor fee during the preceding three-year period. Include payments made during 2004, 2005, 2006 to any person who was at the time of payment, also employed by Milwaukee County.

Employee	2005 Wages	2006 Wages	2007 Wages

Related Party Relationships

Submit a full disclosure of the relationship, including the extent of interest and amount of estimated income anticipated from each source, for each individual if any owner or member of the aforementioned immediate family holds interest in firms from which materials or services are purchased by the agency, its subsidiaries, or affiliates.

Name	Relationship	% or Estimated Income

Submit a full disclosure of the relationship, including the extent of interest and amount of estimated income anticipated from each source, for each individual if any owner, board member, employee or member of any of the aforementioned immediate family serve on the Board of Directors of subsidiaries and/or affiliates of the agency.

Name	Relationship	% or Estimated Income

_____ No employment relationship with Milwaukee County employees and no related party relationship, as defined above, exists.

_____The agency does not rent from or contract with any person who has ownership or employment interest in the agency; serves on the Board of Directors; or is a member of the immediate family of an owner, employee, or board member. If such a relationship exists, submit a copy of lease agreements, certified appraisals, and contract agreements, etc.

Authorized Signature _____ Date _____

Agency _____

YEAR 2008 CONFLICTS OF INTEREST AND PROHIBITED PRACTICES

ITEM #7

Interest in Contract

No officer, employee or agent of the County who exercises any functions or responsibilities with carrying out any services or requirements to which this contract pertains has any personal interest, direct or indirect, in this contract.

Interest of Other Public Officials

No member or the governing body of a locality, County or State and no other public official of such locality, County or State who exercises any functions or responsibilities in the review or approval of the carrying out of this contract has any personal interest, direct or indirect, in this contract.

Contractor covenants s/he presently has no interest and shall not acquire any interest, direct or indirect, which would conflict in any manner or degree with the performance of services under this contract. Any conflict of interest on the part of the Contractor will be disclosed to the County. In the event Contractor has a conflict of interest that does not permit Contractor to perform the services under the contract with respect to any client or recipient, Contractor will notify the County and will provide the County with all records and reports relating to same.

Prohibited Practices

Contractor attests that it is familiar with Milwaukee County's Code of Ethics, Chapter 9 of Milwaukee County Code of General Ordinances, which states in part, "No person may offer to give any County officer or employee or his immediate family, or no County officer or employee or his immediate family may solicit or receive anything of value pursuant to an understanding that such officer's or employee's vote, official action, or judgment would be influenced thereby."

Said chapter further states, "No person(s) with a person financial interest in the approval or denial of a contract being considered by a County department or with an agency funded and regulated by a County department, may make a campaign contribution to any candidate for an elected County office that has final authority during its consideration. Contract considerations shall begin when a contract is submitted directly to a County department or to an agency until the contract has reached its final disposition, including adoption, county executive action, proceedings on veto (if necessary) or departmental approval."

Where Agency intends to meet its obligations under this or any part of this Request For Proposal through a subcontract with another entity, Agency shall first obtain the written permission of County; and further, Agency shall ensure it requires of its subcontractors the same obligations incurred by Agency under this Request For Proposal.

Authorized Signature _____ Date _____

Agency _____

**YEAR 2008 EQUAL EMPLOYMENT OPPORTUNITY CERTIFICATE
FOR MILWAUKEE COUNTY CONTRACTS**

In accordance with Section 56.17 of the Milwaukee County General Ordinances and Title 41 of the Code of Federal Regulations, Chapter 60, SELLER or SUCCESSFUL BIDDER or CONTRACTOR or LESSEE or (Other-specify), (Hence forth referred to as VENDOR) certifies to Milwaukee County as to the following and agrees that the terms of this certificate are hereby incorporated by reference into any contract awarded.

Non-Discrimination

VENDOR certifies that it will not discriminate against any employee or applicant for employment because of race, color, national origin, sex, age or handicap which includes but is not limited to the following: employment, upgrading, demotion or transfer, recruitment or recruitment advertising; layoff or termination; rates of pay or other forms of compensation; and selection for training including apprenticeship.

VENDOR will post in conspicuous places, available to its employees, notices to be provided by the County setting forth the provision of the non-discriminatory clause.

A violation of this provision shall be sufficient cause for the County to terminate the contract without liability for the uncompleted portion or for any materials or services purchased or paid for by the contractor for use in completing the contract.

Affirmative Action Program

VENDOR certifies that it will strive to implement the principles of equal employment opportunity through an effective affirmative action program, which shall have as its objective to increase the utilization of women, minorities, and handicapped persons and other protected groups, at all levels of employment in all divisions of the seller's work force, where these groups may have been previously under-utilized and under-represented.

VENDOR also agrees that in the event of any dispute as to compliance with the aforesaid requirements, it shall be his responsibility to show that he has met all such requirements.

Non-Segregated Facilities

VENDOR certifies that it does not and will not maintain or provide for its employees any segregated facilities at any of its establishments, and that it does not permit its employees to perform their services at any location under its control, where segregated facilities are maintained.

Subcontractors

VENDOR certifies that it has obtained or will obtain certifications regarding non-discrimination, affirmative action program and nonsegregated facilities from proposed subcontractors that are directly related to any contracts with Milwaukee County, if any, prior to the award of any subcontracts, and that it will retain such certifications in its files.

Reporting Requirement

Where applicable, VENDOR certifies that it will comply with all reporting requirements and procedures established in Title 41 Code of Federal Regulations, Chapter 60.

Affirmative Action Plan

VENDOR certifies that, if it has 50 or more employees, it will develop and/or update and submit (within 120 days of contract award) an Affirmative Action Plan to: Mr. Amos Owens, Audit Compliance Manager, Milwaukee County Department of Audit, 2711 West Wells Street, Milwaukee, WI 53208 [Telephone No.: (414) 278-4246].

VENDOR certifies that, if it has 50 or more employees, it has filed or will develop and submit (within 120 days of contract award) for each of its establishments a written affirmative action plan. Current Affirmative Action plans, if required, must be filed with any of the following: The Office of Federal Contract Compliance Programs or the State of Wisconsin, or the Milwaukee County Department of Audit, 2711 West Wells Street, Milwaukee, WI 53208 [Telephone No.: (414) 278-4246].

If a current plan has been filed., indicate where filed _____ and the year covered _____.

VENDOR will also require its lower-tier subcontractors who have 50 or more employees to establish similar written affirmative action plans.

Employees

VENDOR certifies that it has (No. of Employees) _____ employees in the Standard Metropolitan Statistical Area (Counties of Milwaukee, Waukesha, Ozaukee and Washington, Wisconsin) and (No. of Employees) _____ employees in total.

Compliance

VENDOR certifies that it is not currently in receipt of any outstanding letters of deficiencies, show cause, probable cause, or other notification of noncompliance with EEO regulations.

Executed this _____ day of _____, 20____ by: Firm Name _____

By _____ Address _____
(Signature)

Title _____ City/State/Zip _____

YEAR 2008 EQUAL OPPORTUNITY POLICY

ITEM # 9

_____ is in compliance with the equal opportunity policy and standards of the Wisconsin Department of Health and Family Services and all applicable Federal and State rules and regulations regarding nondiscrimination in employment and service delivery.

EMPLOYMENT - AFFIRMATIVE ACTION & CIVIL RIGHTS

It is the official policy of _____ that _____ no otherwise qualified person shall be excluded from employment, be denied the benefits of employment or otherwise be subjected to discrimination in employment in any manner on the basis of age, race, religion, color, sex, national origin or ancestry, handicap, physical condition, developmental disability, arrest or conviction record, sexual orientation, military/veteran status or military participation. We pledge that we shall comply with Affirmative Action and Civil Rights standards to ensure that applicants are employed and that employees are treated during their employment without regard to the above named characteristics. Such action shall include but not be limited to the following: employment, upgrading, demotion, transfer, recruitment, or recruitment advertising, layoff or termination, rates of pay or other forms of compensation and selection for training including apprenticeship.

_____ has a written Affirmative Action Plan which includes a process by which discrimination complaints may be heard and resolved.

SERVICE DELIVERY - CIVIL RIGHTS

It is the official policy of _____ that no otherwise qualified applicant for services or service recipient shall be excluded from participation, be denied benefits or otherwise be subjected to discrimination in any manner on the basis of age, race, religion, color, sex, national origin or ancestry, handicap, physical condition, developmental disability, arrest or conviction record, sexual orientation, military/veteran status or military participation. We pledge that we shall comply with civil rights laws to ensure equal opportunity for access to service delivery and treatment without regard to the above named characteristics. _____ has a written Civil Rights Action Plan which includes a process by which discrimination complaints may be heard and resolved.

All officials and employees of _____ are informed of this statement of policy. Decisions regarding employment and service delivery shall be made to further the principles of affirmative action and civil rights.

To ensure compliance with all applicable Federal and State rules and regulations regarding Equal Opportunity and nondiscrimination in employment and service delivery, _____ has been designated as our Equal Opportunity Coordinator. Any perceived discrimination issues regarding employment or service delivery shall be discussed with Ms./Mr. _____. Ms./Mr. _____ may be reached during week days at _____.

A copy of the Affirmative Action Plan and/or the Civil Rights Action Plan including the process by which discrimination complaints may be heard and resolved is available upon request.

(Director or Chief Officer)

(Title)

(Date)

This Policy Statement shall be posted in a conspicuous location.

MILWAUKEE COUNTY DEPARTMENT OF HEALTH AND HUMAN SERVICES

Certification Regarding Debarment and Suspension

CERTIFICATION STATEMENT

DEBARMENT AND SUSPENSION

The contractor certifies to the best of its knowledge and belief, that it and its principals:

(1) are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or agency;

(2) have not within a three-year period preceding this proposal been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property; (3) are not presently indicted for or otherwise criminally charged by a governmental entity (Federal, State or local) with commission of any of the offenses enumerated in (2) of this certification; and, (4) have not within a three-year period preceding this contract had one or more public transactions (Federal, State or local) terminated for cause or default.

Authorized Signature _____ Date _____

Agency _____

Civil Rights Compliance Plan - Consistent with the U.S. Department of Health and Human Services and the State of Wisconsin Department of Workforce Development and the Department of Health and Family Services, **all applicants who are awarded contracts must complete and submit a Civil Rights Compliance Plan (CRCP), within 120 days of effective date of contract. The effective date of contracts, unless indicated otherwise, will be January 1st, 2008, making CRCPs due no later than 4:30 p.m. on April 30th, 2008.** This is **mandatory** for all agencies that meet the criteria listed below. If Contractor has submitted the CRCP to the State as well, the State letter indicating approval of the Plan should be included in the Milwaukee County submission, and will be accepted in lieu of the CRCP plan itself.

Entire Civil Rights Compliance Plan

- **Agency has 25 employees *AND***
- **Agency has \$25,000 of combined revenues from Purchase of Service Contracts and/or Fee For Service Agreement and/or Professional Service Agreements**

Affirmative Action Plan	Exemption from Submitting Affirmative Action Plan (DOA 3024)	Equal Opportunity Policy	LEP Policy Statement	Discrimination Compliant Forms & Process	DOA Forms (Only if contracting directly with the State)
✓	<p>✓</p> <p>Applicable if agency has achieved balanced workforce, or has undergone an audit of its Affirmative Action Program within the last year. (Follow additional documentation guidelines set forth in DOA 3024.)</p>	✓	✓	✓	<p>✓</p> <p>DOA Forms</p> <p>3067 – Notice to Vendor Filing Information</p> <p>3023 – Vendor's Sub-contractor's List</p>

Letter of Assurance (must conform with format on State website listed below)

- **Agency has less than 25 employees *OR***
- **Does not have combined revenue of \$25,000 from Milwaukee County Purchase Of Service Contracts, Professional Service Agreements, or Fee for Service Agreement**

Letter of Assurance	CRCP Cover Title Page	Request for Exemption from Submitting Affirmative Action Plan (DOA 3024)
✓	✓	✓

Completion forms, instructions, sample policies and plans are posted on the State website at:

www.dwd.state.wi.us/dws/civil_rights/cr0406/documents/cr_plan_%2004_profit_nonp.doc

ECONOMIC SUPPORT

SECTION III AGENCY BUDGET AND FISCAL ITEMS

NOTE: Forms 1, 2, 2A, 3, 3S, 5, 5A, and 6 – 6H are linked with one another (as applicable) and are located at:
http://www.county.milwaukee.gov/display/displayFile.aspx?docid=11327&filename=/User/jsponholz/Budget_Forms_2008-FINAL.xls

Item 11

FORMS 6, 6D-H - INDIRECT COST ALLOCATION PLAN

All agencies and organizations applying for a Contract with the DHHS are required to submit an Indirect Cost Allocation Plan for review and approval under the following conditions:

- a. the agency will provide more than one program or service for Milwaukee County
- b. the agency will provide one program or service for Milwaukee County and one or more other purchasers or funding sources and/or one or more other functions such as fundraising during the same period;
- c. the agency allocates costs for general and administrative expenses between itself and an affiliated agency or entity.

Describe the formula and/or the method used to allocate indirect costs to each program or service under contract.

Recommended Order for Preparing Indirect Cost Allocation Plan Manually

Form 5. Total Agency Expenses and Revenues Prepare Form 5, leaving “*Control Account 9200*” blank, using an individual column E for each DHHS program you are applying for.

Form 6. Indirect Cost Allocation Plan Prepare Form 6 from the amounts reported in Form 5, col. F. Assign the individual costs in column C to the individual cost pools in columns D through H.

Forms 6D through 6H. Allocation Basis Detail. Prepare the cost pool allocations from the related columns D through H on Form 6. Allocate indirect costs to the individual DHHS programs applied for based on the total allocation basis of the individual programs relative to that of the Agency as a whole.

Form 3 – Anticipated Program Expenses **Control Account 9200.** Prepare an individual Form 3 for each DHHS program you are applying for, regardless of which Division. For each program applied for, insert the total allocated costs from Forms 6D through 6H.

Form 5. Total Agency Anticipated Expenses Transfer the total allocated cost (Control Account 9200) from each of the Form(s) 3 to Form 5.

Link to forms for download and manual completion:

<http://www.county.milwaukee.gov/RFPInformation111327.htm>

FORMS 6, 6D-6H – INSTRUCTIONS FOR MANUAL COMPLETION OF FORMS

FORM 6 Summary Sheet

Column C - Bring forward the total agency indirect costs for each Control Account from Form 5, Column F.

Column D - H -Assign the anticipated expenses from Column C to the cost pool(s) determined by the basis on which those indirect costs shall be allocated.

FORMS 6D through 6H Cost Pool Allocation

Column C - Bring forward the total cost pool expenses for each Control Account from the related Form 6, Columns D through H.

TOTAL INDIRECT COSTS -Allocate the total agency indirect costs to the individual programs in columns D through L on the basis of the ratio of the allocation basis for the individual program to the allocation basis agency-wide.

FORMS 2, 2A - AGENCY EMPLOYEE HOURS AND SALARIES

FORMS 2, 2A – INSTRUCTIONS FOR MANUAL COMPLETION OF FORMS

Use Form 2A only if an agency has fourteen (14) or fewer employees. For agencies with more than fourteen (14) employees, use multiple copies of Form 2 with Form 2A as the final page.

Column 1 - Position Title

Enter the title of each position with any portion of its time directly allocated to a Behavioral Health, Disabilities Services, Delinquency and Court Services, and/or Economic Support program. **There should be one entry per employee.**

Do not include information for Control Account Number 9200, Administrative Costs (Indirect Costs). If a position is vacant, list the title of the position and "vacant" under it.

Column 2 - Code

Refer to Form 3S (Anticipated Program Expenses Supplementary Sheet), Control Account No. 7000 and use the same number as the last digit of the Sub-Account Number which corresponds to the Account Description of salaries. (Example: 1 for Executive Salaries, 2 for Professional Salaries, 3 for Clerical Staff Salaries, 4 for Technical Salaries, 5 for Maintenance Employee's Wages, 6 for Temporary Clerical Help, 7 for Student Stipends, and 8 for Other Staff Salaries. If an employee is included in more than one sub-account, use the primary sub-account number.)

Column 3 - Ethnic/Race and Gender Codes

In column 3 enter the code representing the race or ethnicity of the employee.

Ethnic/Race Codes:

A: Asian or Pacific Islander
B: Black
H: Hispanic
I: American Indian
W: White

Gender Codes:

F: Female
M: Male

These classifications are uniform throughout the State Department of Health and Family Services and have been negotiated between the DHHS Affirmative Action/Civil Rights Compliance Office and the various Federal Offices of Civil Rights.

Value Definitions are:

Asian or Pacific Islander: All persons having origins in any of the original peoples of the Far East, Southeast Asian, the Indian subcontinent, or the Pacific Islands. These include, for example, China, Japan, Korea, the Philippine Islands and Samoa.

Black: All persons having origins in any of the Black racial groups of Africa.

Hispanic: All persons of Mexican, Puerto Rican, Cuban, Central or South America or other Spanish culture or origin, regardless of race. (Excludes Portugal, Spain, or other European countries.)

American Indian or Alaskan Native: All persons having origins in any of the original peoples of North America and who maintain cultural identification through tribal association or community recognition.

White: All persons who are not Asian or Pacific Islander, Black, Hispanic, or American Indian or Alaskan Native.

Enter the letter "h" next to the ethnic code for any handicapped employee.

A "handicapped individual" is defined pursuant to section 504 of the Rehabilitation Act of 1973 as any persons who:

1. Has a physical or mental impairment that substantially limits one or more major life activities (e.g. caring for oneself, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, and working);
2. Has a record of such impairment, or:
3. Is regarded as having such impairment.

Column 4 - Hours Per Week - Annual Salary

Enter total number of hours worked per week for the agency, and the annual salary.

Columns 5 through 9

Salaries must be allocated by specific division programs, and by each disability/target group population, and by hours per week and yearly dollar amounts.

After all salaries are listed on Forms 2 and 2A, subtotal each column on Form 2/2A and calculate the percentage of fringe benefits and add to the subtotal. The column subtotals are carried forward to Form 3, 7000 salaries and 7100 Employee Health and Retirement Benefits, and Form 3S by Sub-Account, using Column 2 to determine the Sub-Account breakdown. If you have more programs than will fit on a page, use a separate sheet for each disability/target group.

FORM 2B - YEAR 2008 EMPLOYEE DEMOGRAPHICS SUMMARY

Item # 13

Complete for each program within each disability/target group as listed in Columns (5)-(9) of Form 2. For each program, summarize by position code, as listed in Column 2 of Form 2, the number of full-time equivalent employees in every demographic code combination listed in Column 3, Form 2.

Calculation to determine the number of full-time equivalents (FTE's) assigned to provide the service:

1. Determine the number of hours a full-time employee is required to work per week. This number, usually 40, becomes the denominator. *
2. For each program, Form 2/2A, Columns 5-9, summarize by position code, Form 2/2A, Column 2, and Employee Demographic Code, Form 2/2A, Column 3, the total number of hours worked by position code and employee demographic code. This number becomes the numerator.
3. Divide the total number of hours worked per position code and employee demographic code by the number of hours a full-time employee is required to work to arrive at the number of FTE's (by position code and employee demographic code) working in a program.

Disability/ Target Group	Program	Position Code (Column 2, Form 2 Code)	Employee Demographics	Number of FTEs

*If full-time equivalents (FTE's) are not based on 40 hours per week, specify:
_____hours/week.

Authorized Signature _____Date _____

Print: _____

Agency _____

FORM 2C - YEAR 2008 EMPLOYEE HOURS - RELATED ORGANIZATION DISCLOSURE

For each employee of your agency who works for more than one related organization which may or may not be under contract to Milwaukee County, the total number of weekly hours scheduled for each affiliated corporate or business enterprise must be accounted for by program/activity.

“Related Organization” is defined as:

Employee Name	Related Organization/ Employer	Program/Activity	Total Weekly Hours

Please check the statement below, sign and date the form if the above condition does not exist.

_____ No employee of the agency works for more than one related organization that may or may not be under contract to Milwaukee County.

Authorized Signature _____ Date _____

Print: _____

Agency _____

FORMS 5, 5A - TOTAL AGENCY EXPENSES

FORMS 5, 5A INSTRUCTIONS FOR MANUAL COMPLETION OF FORMS

- Column A - See detailed chart of accounts at http://www.county.milwaukee.gov/display/displayFile.aspx?docid=11327&filename=/User/jsponholz/MASTER_CHART_OF_ACCOUNTS.pdf for account definitions.
- Column B - Fill in the 2006 Actual Expenses of the entire Agency by Control Account
- Column C - Fill in the 2007 Gross Budget of the entire Agency by Control Account as adopted by the agency's Board of Directors or owners of the agency.
- Column D - Enter the total 2008 projected annual cost of the entire Agency by Control Account as approved by the agency's Board of Directors or owners of the agency. Column D must equal the sum of the entries in Columns E through G.
- Column(s) E - Enter the 2008 projected annual cost of each individual program applied for by Control Account. Include a separate Column E for each program applied for in Disabilities Services Division, Economic Support Division and Delinquency and Court Services Division. These entries must agree to the amounts reported in each individual Form 3. If the Agency is applying for more than four (4) programs, use additional copies of Form 5 to report **all** programs applied for in **all** DHHS Divisions **individually**.
- Column F - Enter the 2008 projected annual indirect cost to be allocated to programs utilizing a cost allocation plan by Control Account.
- Column G - Enter the 2008 projected annual cost for other functions of the Agency, including fundraising, contracts with other governmental and non-governmental entities, and unallowable costs.

FORM 5 – INSTRUCTIONS FOR MANUAL COMPLETION OF FORM

Control Accounts – Refer to the Master Chart of Accounts, at http://www.county.milwaukee.gov/display/displayFile.aspx?docid=11327&filename=/User/jsponholz/MASTER_CHART_OF_ACCOUNTS.pdf for a detailed listing of the accounts and account descriptions of costs included in each of the Control Accounts.

Control Acct 9200 –

Column(s) E. Bring Forward the summation of allocated indirect cost for each program, for all cost pools, calculated on Forms 6D through 6H.

Column F. Report the total indirect costs allocated to all programs and functions agency-wide as a negative amount.

Column G. Report the total indirect costs allocated the programs and functions other than those reported in Column(s) E.

Column D. Sum the total allocated indirect costs from Columns E, F and G.

Profit Factor -

Non-profit Agencies are not allowed a profit, or to budget for a Reserve, and this line will equal \$-0-.

For Profit entities are allowed under Wisconsin statutes and Administrative Code to retain a profit not to exceed statutory limits. Allowable profit can be calculated on Form 3. Bring the total allowable profit from this calculation forward to this line.

Non-DHHS Revenue - Bring forward the "Total Non-DHHS Contract Revenue" for each column from Form 5A.

FORM 5A – INSTRUCTIONS FOR MANUAL COMPLETION OF FORM

Column E - Include all program related revenue in the appropriate program column.

Any revenue specifically for providing the services under one of the DHHS programs applied for is program related revenue and is to be reported as revenue in the appropriate program Column E. If the expenses reported for any DHHS program applied for include services to other purchasers, such as Milwaukee County Department on Aging, other Counties, Municipalities, or other Provider Agencies, the revenues for those services is to be included in the appropriate program Column E.

DHHS Contract Request - Bring forward the "Total DHHS Request" from Form 5 for each column.

ECONOMIC SUPPORT

SECTION IV: PROGRAM DESIGN/SCOPE OF WORK INSTRUCTIONS and FORMS

COMPLETE SECTION 3 FOR EACH PROGRAM

A separate SECTION 3, PROGRAM DESIGN, must be completed **for each program** for which an agency is requesting funds.

PROGRAM ORGANIZATIONAL CHART

Item 17

Provide an organizational chart which shows, in detail, position titles and reporting relationships within the specific program being proposed. Include all positions for which funding is being requested.

PROGRAM LOGIC MODEL

Item 18a

Use single words or short phrases to describe the following:

Inputs-List the physical, financial, and human resources dedicated to the program.

Processes/Program Activities-List the services to be delivered, to include any required program content as described in the Program Requirements.

Outputs-List the volume of processes/program activities to be delivered, to include any required outputs listed in Program requirements.

Expected Outcomes-List the intended benefit(s) for participants during or after their involvement with a program, to include all "Expected Outcomes" listed in the Program Requirements, as well as any additional outcomes already established for the program. Outcomes are typically manifested in increasing, decreasing, or maintaining knowledge, skills, behavior, or condition/status.

Indicators –List the measurable approximations of the outcomes you are attempting to achieve, to include any required indicators listed in the Program Requirements. Indicators are the observable or measurable characteristics which indicate whether an outcome has been met. To be expressed by number and/or percentage.

For more examples of Inputs, Processes, Outputs, and Outcomes see:

[http://county.milwaukeecounty.org/display/displayFile.asp?docid=15483&filename=/User/jsponholz/Outcomes Measurement presentation to agencies.ppt](http://county.milwaukeecounty.org/display/displayFile.asp?docid=15483&filename=/User/jsponholz/Outcomes%20Measurement%20presentation%20to%20agencies.ppt)

PROGRAM LOGIC MODEL

ITEM # 18a

A	B	C	D	E
Inputs	Processes/Program Activities	Outputs	Expected Outcomes	Indicators

Program Description

Identify the name and number of the program for which you are requesting funding as it is identified in the *Year 2008 Professional Service Agreement Guidelines Program and Technical Requirements*.

Provide a narrative, not to exceed three pages, describing your program. The Program Description Narrative shall correspond with and derive from Item 18a, Program Logic Model. Refer to the *Year 2008 Professional Service Agreement Guidelines Program and Technical Requirements* for all the required program components for the program you are proposing. In particular, each proposed program must include the “Expected Outcomes” for your program’s outcome requirements, any indicators given for the program, as well as all required service components, processes, and outputs. All programs must include the “Expected Outcomes” as detailed in the Program Requirements, but may include additional outcomes at their discretion. If no “Expected Outcomes” are listed in the Program Requirements, applicant shall identify their own expected outcomes for the program. Applicant identified expected outcomes must reflect increases, decreases, or maintenance of knowledge, skills, behaviors, condition, and/or status. Where indicated, programs must utilize indicators as they appear in the Program Requirements, OR applicant shall propose a minimum of one indicator for each “Expected Outcome”.

Describe the agency's ability to provide this program, and the agency’s experience serving the targeted populations. Include any existing agency programs utilizing a similar service delivery system and the number of years the program has been in operation.

For new applicants (existing agencies without current or recent-within last two years-DHHS contracting experience), complete and submit a Performance Assessment for New Applicant Agency, Item 18c. **This document shall be completed by a prior fundor.**

For new agencies without an agency contracting history of any kind, complete a Performance Assessment For Organization Leadership, Item 18c-2. A separate form should be submitted for the *head of the organization, senior fiscal and program staff*. **This document shall be completed by a prior fundor or by a prior employer.**
COMPLETE FOR EACH PROGRAM

A separate SECTION, PROGRAM DESIGN, must be completed **for each program** for which an agency is requesting funds.

PERFORMANCE ASSESSMENT FOR NEW APPLICANT AGENCY *Item 18c*

Performance Assessment for (Agency)_____

From (Funding Source)_____

Please provide the following information relating to Agency's history with Funding Source.

1. Name of Program_____

2. When and for how long did Funding Source fund this program?_____

3. Program volume: How many people did this program serve?_____

4. Target Population: What was the primary target population for this program?_____

5. What was the dollar amount provided by Funding Source?_____/year

6. What services were provided through this program?_____

7. Was this program funded through a federal, state or local funding stream under a cost reimbursement framework? (Y/N)_____

8. If no longer funding this program, why not?_____

9. What level of program performance was achieved? Please calibrate your ratings according to the following scale:

- 0 Does/did not meet expectations
- 1 Meets/met very little of what is/was expected
- 2 Meets/met fewer than half of expectations
- 3 Meets/met more than half of expectations
- 4 Meets/met all expectations
- 5 Exceeds/exceeded all expectations

PERFORMANCE ASSESSMENT FOR NEW APPLICANT AGENCY *Item 18c*

Please evaluate the following performance areas circling the number corresponding to the rating scale on previous page:

Appropriate use of budget

0 1 2 3 4 5 NA

Comments: _____

Achievement of established outcomes

0 1 2 3 4 5 NA

Comments: _____

Timely submission of program reports

0 1 2 3 4 5 NA

Comments: _____

Accurate submission of program reports

0 1 2 3 4 5 NA

Comments: _____

Signed,

Name (print) _____

Title _____

**PERFORMANCE ASSESSMENT FOR NEW APPLICANT
ORGANIZATIONAL LEADERSHIP**

Item 18c-2

A separate form should be submitted for the *head of the organization and senior fiscal and program staff*. Please have a prior fundor or a prior employer complete the form(s).

Performance assessment for (Individual): _____

From (Agency) _____

Please provide the following information relating to Individual's history with Agency.

1. Individual's title _____

2. When and for how long did Individual work for Agency? _____

3. Program volume: How many people were served by this program? _____

What was Individual's role in program administration?

_____ Direct _____ Indirect (supervision) _____ Limited or none

4. Target Population: What was the primary target population for this program? _____

5. What was the dollar amount provided by Funding Source? _____/year

What was Individual's role in fiscal management of the program?

_____ Direct _____ Indirect (supervision) _____ Limited or none

6. What services were provided through this program? _____

7. _____

8. If no longer funding this program, why not? _____

PERFORMANCE ASSESSMENT FOR NEW APPLICANT LEADERSHIP *Page 2 Item 18c-2*

What level of program performance was achieved? Please calibrate your ratings according to the following scale:

- 0 Does/did not meet expectations
- 1 Meets/met very little of what is/was expected
- 2 Meets/met fewer than half of expectations
- 3 Meets/met more than half of expectations
- 4 Meets/met all expectations
- 5 Exceeds/exceeded all expectations

Please evaluate the following performance areas circling the number corresponding to the rating scale on previous page:

Appropriate use of budget

0 1 2 3 4 5 NA

Comments: _____

Achievement of established outcomes

0 1 2 3 4 5 NA

Comments: _____

Timely submission of program reports

0 1 2 3 4 5 NA

Comments: _____

Accurate submission of program reports

0 1 2 3 4 5 NA

Comments: _____

Signed,

Name (print) _____

Title _____

Staffing Pattern

Describe the staffing pattern and its relationship to the volume of clients or services to be provided. Describe in terms of staff to client ratios, client volume or case load per staff, or how many staff are needed to perform a particular activity.

What is your agency's proposed strategy for handling crisis situations? Please cite specific examples. Examples may include, but are not limited to: referral networks, flexible staffing, on-call staff, or "pool" workers, and other strategies to expand or reduce physical or staff capacity.

Note: In this context, "crisis" is defined as staffing issues which may arise during the contract period, that could potentially effect the ability of the agency to meet their contractual obligations.

YEAR 2008 STAFFING REQUIREMENTS

ITEM #20

Indicate the number of staff necessary to achieve your proposal objectives. Provide a job description plus necessary qualifications for each direct service position (sections A & B) for proposed program (make additional copies as necessary). ***Complete the attached roster for current staff working in each program for which an application is being submitted.*** If the position is unfilled at the time of application submission, indicate the vacancy and provide updated staffing form within 30 days of when position is filled.

PROGRAM _____ 2008 PROGRAM No. _____

POSITION _____ # POSITIONS NEEDED _____

Job Description for this position as required to meet the needs of the program specifications. Include qualifications needed to perform job (including certifications or licenses and experience requirements to perform the job.

Annual tuition reimbursement available for this position: \$ _____

Annual turnover for *this position*, as measured by Total number of separations (including voluntary and involuntary) from this position in the twelve months prior to completing this application divided by the Average number of employees in this position for the twelve months prior to completing this application (show calculation):

_____/_____=_____

Agency Name _____

Print: _____

Date Submitted _____

CURRENT PERSONNEL ROSTER

Employee Name	Academic Degrees	Licenses/ Certificates	# Program related in-service / continuing education hours completed in previous year	Length in years of experience in related field	Yrs. Of Exp. with physically disabled clients as a target pop.	Yrs. Of exp. with visually impaired clients as a target pop.	Yrs. Of Exp. with hearing impaired clients as a target pop.	Yrs. Of Exp. with clients with limited English proficiency	List languages spoken, other than English

Agency Name_____

Date Submitted_____

Accessibility:

What is your agency's plan to accommodate clients:

- With physical disabilities
- With hearing impairment
- With visual impairment
- Who are non- English speaking or have limited English proficiency
- Who require personal care assistance

List any other services enhancing program access. e.g. agency located near public transportation, etc.

EVALUATION PLAN

The proposed program shall have a performance improvement process in place, including, at a minimum, the measurement of outcomes and the analysis and improvement of the service delivery process. It can demonstrate the use of performance improvement information to improve service delivery and program management. The applicant should demonstrate the ability to implement adequate quality assurance procedures. In addition, the applicant should demonstrate the ability to provide ongoing outcome development, measurement, and reporting of the service(s) provided. Describe existing and proposed outcome measurement and quality assurance methodology to include the elements listed below.

For additional information regarding DHHS expectations and technical assistance for outcome measurement, please refer to

<http://www.county.milwaukee.gov/ContractMgt15483.htm>

Outline who will conduct the evaluation. **Using columns D and E of your Program Logic Model (Item 29a), identify the number and percentage of participants you project will achieve each “Expected Outcome” for each program proposed.** Evaluation reports must consider actual outcomes achieved against outcomes projected here.

Describe methods of data collection proposed. Describe how the agency will utilize program evaluation results to modify programming and improve service provision. Describe how consumers and community members are integrated into the process of evaluating the program, as appropriate, e.g., through satisfaction surveys, board and committee membership, public forums, etc. Include copies of any instruments used to collect feedback from consumers or the community. Give a specific example of how the results of this feedback have been used.

All contract agencies are required to submit semi-annual evaluation reports based on their Evaluation Plan for respective programs. The reports are due January 31st and July 31st respectively.

The semi-annual evaluation of the program should reflect the agency's success in achieving the program's goals.

The evaluation reports should be submitted to the following persons:

Sue Moeser
Deputy Administrator
Economic Support Division
1220 West Vliet Street, Suite 302
Milwaukee, WI 53205

Judy Roemer-Muniz
Contract Services Coordinator
Management Services Division
1220 W. Vliet St., Suite 109
Milwaukee, WI 53205

CLIENT CHARACTERISTICS CHART DEFINITIONS

Complete for each program being applied for.

ETHNICITY DEFINITIONS

1. **Asian or Pacific Islander:** All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. This area includes China, Japan, Korea, the Philippine Islands and Samoa.
2. **Black:** All persons having origins in any of the Black racial groups in Africa.
3. **Hispanic:** All persons of Cuban, Mexican, Puerto Rican, Central or South American, or other Spanish culture or origin, regardless of race. (Excludes Portugal, Spain and other European countries.)
4. **American Indian or Alaskan Native:** All persons having origins in any of the original peoples of North America, and those persons who maintain cultural identification through tribal affiliation or community recognition.
5. **White:** All persons who are not Asian or Pacific Islander, Black, Hispanic, or American Indian or Alaskan Native.

HANDICAPPED DEFINITIONS

A handicapped individual is defined pursuant to Section 504 of the Rehabilitation Act of 1973.

1. Any person who has a physical or mental impairment which substantially limits one or more major life activities (e.g., caring for oneself, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, and working);
2. Any person who has a record of such impairment; or,
3. Any person who is regarded as having such impairment.

2008 CLIENT CHARACTERISTICS CHART

Agency Name _____
Disability/Target Group _____
Program Name _____ 2008 Prgm No. _____
Facility Name & Address _____

CY 2008 Estimated

1. Unduplicated Count of Clients to be Served/Year (Form 1, Column 1):

		Number	Percent (%)
2. Age Group:	a. 0 - 2		
	b. 3 - 11		
	c. 12 - 17		
	d. 18 - 20		
	e. 21 - 35		
	f. 36 - 60		
	g. 61 & over		
TOTAL			

		Number	Percent (%)
3. Sex:	a. Female		
	b. Male		
	TOTAL		

		Number	Percent (%)
4. Ethnicity:	a. Asian or Pacific Islander		
	b. Black		
	c. Hispanic		
	d. American Indian or Alaskan Native		
	e. White		
TOTAL			

		Number	Percent (%)
5. Other:	a. Handicapped individuals		
	b. Not applicable		
	TOTAL		

Rev 6/07

Date Submitted: _____

FORM 1 - PROGRAM VOLUME DATA – INSTRUCTIONS FOR MANUAL COMPLETION OF FORMS

Download Form 1 at:

<http://www.county.milwaukee.gov/RFPInformation111327.htm>

Programs funded by site must include separate forms for each site.

AGENCY NAME - Enter the legal name of the Agency.

NAME AND ADDRESS OF PROGRAM SITE - Enter facility name and address. This is required only if the agency provides a service at more than one location. A Form 1 must be completed for each site (address) if the agency is reimbursed by site.

AGENCY FEDERAL TAX ID NUMBER - Specify the agency's tax status Federal Identification Number.

PROGRAM NAME - Enter the **program name and number** identifying programs exactly as they are identified in the *Year 2008 Professional Service Agreement Guidelines Program and Technical Requirements*.

NUMBER OF PROGRAM OPERATING DAYS, HOURS AND CASES/CLIENTS -For direct service or client specific programs, this should represent the actual number of days per week and number of hours per day when services are being provided, and the number of cases (clients) per year that will be seen or provided services.

TYPE OF UNIT - Place an X in the box for an appropriate unit type (day, hour, 1/4 hour or other) on which Units of Service are calculated.

NOTE: Only one unit type can be indicated.

Column A: TOTAL PROGRAM UNITS - Specify the number of service units to be provided to each funding source listed in rows 1 to 2. Row 3 equals the total units entered in rows 1 to 2. Specify the Budgeted units for 2007 in row 4 and Actual units for 2006 in row 5. In case you are a new provider and have not provided these services to Milwaukee County in prior year please leave these rows blank.

Column B: PROGRAM COST BY FUNDING SOURCE - Indicate and allocate the total program cost to each of the funding sources listed in rows 1 to 2. Row 1 will match the DHHS funding from Form 3 and row 2 will match the other revenue from Form 3. Row 3 equals the total cost by funding source entered in rows 1 to 2, and should equal the total cost reported on Form 3. Similar to Column A in row 4 please enter the 2007 Budgeted cost for the program and in row 5 entered the 2006 actual cost of the program. In case you are a new provider and have not provided these services to Milwaukee County in prior year please leave these rows blank.

Column C: COST PER UNIT - Indicate the cost per unit for providing services to each of the funding sources and year as in row 4 and 5. Column C equals Column B divided by Column A.

FORMS 3 and 3S – ANTICIPATED PROGRAM EXPENSES

INSTRUCTIONS FOR MANUAL COMPLETION OF FORMS

Download forms 3 and 3S at:

<http://www.county.milwaukee.gov/RFPInformation111327.htm>

1 - 4 Name of Agency and **Program Name and Number**: Identifying information. Complete as explained for Form 1.

FORM 3 - ANTICIPATED PROGRAM EXPENSES

Column A - See detailed chart of accounts, at http://www.county.milwaukee.gov/display/displayFile.aspx?docid=11327&filename=/User/jsponholz/MASTER_CHART_OF_ACCOUNTS.pdf , of these guidelines for account definitions.

Column B - Fill in the 2008 Gross Budget by Control Account as adopted by the agency's Board of Directors or owners of the agency.

Column C - Enter the total 2008 projected annual cost by Control Account as approved by the agency's Board of Directors or owners of the agency.

FORM 3S - ANTICIPATED PROGRAM EXPENSES SUPPLEMENTAL SHEET

A supplemental Form 3S is to be used for each Control Account used on Form 3. A supplemental Form 3S is to be used to substantiate the amounts listed in Columns B and C. List only those Sub-Accounts actually used in the Control Account.

On Form 3S, specify by number of each Sub-Account with the corresponding Account Description in Column A; list the 2007 Gross Budgeted amount for each Sub-Account in Column B and the projected 2008 amount in Column C.

SPECIAL INSTRUCTIONS FOR CONTROL ACCOUNT NUMBER 8000: PROFESSIONAL FEES

In addition to specifying on Form 3S, individual Sub-Account descriptions and budget amounts for each type of Professional Fee expense, include as an addendum to Form 3S, a copy of the actual memorandum of agreement between the agency and the person/agency providing a consultant-type service under the Professional Fee category. The memorandum of agreement should specify the name of the consultant, a description of the consultant functions, the projected number of consultation hours for the year and the hourly/monthly rate (whichever is appropriate.)

ECONOMIC SUPPORT

SECTION V: DISADVANTAGED BUSINESS ENTERPRISE UTILIZATION

**MILWAUKEE COUNTY
COMMUNITY BUSINESS DEVELOPMENT PARTNERS (CBDP) OFFICE
PROVISIONS GOVERNING GOOD FAITH EFFORTS
(Based upon 49 CFR Part 26, Appendix A, attached)**

1. COMMITMENT TO SUBCONTRACT WITH DBE FIRMS FORM (DBE-014PS) AND GOOD-FAITH EFFORTS CERTIFICATE (DBD-001PS).

In the event you are the low bidder/successful proposer you will be so informed in writing promptly after bid/proposal opening/review. As indicated in the bid/RFP documents, within three (3) working days of being so notified, you must supply the Commitment to Subcontract with DBE Firms Form (DBD-014PS) which is included with the contract documents. This form is to establish that you have received from the listed DBE contractors signed commitments sufficient to satisfy the DBE goal for that project. If you indicate in this document that you have not met the DBE goal, your bid may be rejected as non-responsive. If you wish to ask for a waiver of the goal, you must submit the form entitled Certificate of Good-Faith Efforts, DBD-001PS at the time you submit the Commitment to Subcontract with DBE Firms Form.

GOOD-FAITH EFFORT PROCEDURE.

The DBD-001PS form constitutes your written request for a waiver from the goal, and is used by the contracting officer to determine whether you made a good-faith attempt to secure the services of DBE subcontractors. Review and complete it carefully. The contracting officer will review the completed form, and any attachments, and may contact companies listed as having been asked to submit bids and may take other steps to verify the information provided in the DBD-001 form. The contracting officer will give you a written response to your waiver request in writing, within three (3) working days of the date the DBD-001C form was submitted. If the waiver is denied, you have three (3) working days from the date you receive the denial in which to submit to the contracting officer a written request for an administrative hearing to challenge the denial. You will be notified promptly of the time and place of the hearing, which will occur within three (3) working days of the receipt of your request for such appeal. At the administrative hearing you may submit any information you have in support of your waiver application. You may be represented by counsel if you wish. The hearing officer will be a person who was not involved in evaluating your original bid. The hearing officer has discretion whether to consider any evidence, which was not previously submitted with, the DBD-001PS form for review by the contracting officer.

GUIDELINES FOR ENGAGING IN GOOD-FAITH EFFORTS.

Also included in this packet is Appendix A of 49 CFR 26 upon which form DBD-001PS is based. Review this carefully. This document sets forth the kind of activities that the county would reasonably expect of a contractor who was actively and aggressively seeking to engage DBE subcontractors. Both, the contracting officer and the administrative hearing officer(s) will be guided in their decisions by Appendix A and the contents of the bidder/proposer's DBD-001PS. At the administrative hearing the contracting officer will present the rationale for denying the waiver, and you will have an opportunity to present your case and rebut any statements or evidence. The burden of proof is on the bidder/proposer to convince the hearing officer that a good-faith waiver is warranted by the evidence. The hearing officer will promptly issue a written decision setting forth the basis for his or her decision. This decision is final.

CONSEQUENCES OF YOUR FAILURE TO PRACTICE GOOD FAITH EFFORTS.

If the hearing officer(s) determine(s) that your DBE participation effort lacked good faith efforts, the contracting department may reject your proposal.

If you have any questions about the good-faith effort process, please contact the Milwaukee County Community Business Development Partners (CBDP) Office at 414-278-5248.

APPENDIX “A” TO 49 CFR PART 26 GUIDANCE CONCERNING GOOD FAITH EFFORTS

When Milwaukee County establishes a DBE contract goal on a DOT-assisted contract a bidder/proposer must, in order to be responsible and/or responsive, make good faith efforts to meet the goal. The bidder/proposer can meet this requirement in either of two ways. First, the bidder/proposer can meet the goal, documenting commitments for participation by DBE firms sufficient for this purpose. Second, even if it doesn't meet the goal, the bidder/proposer can document adequate good faith efforts. This means that the bidder/proposer must show that it took all necessary and reasonable steps to achieve a DBE goal or other requirement of this part which, by their scope, intensity, and appropriateness to the objective, could reasonably be expected to obtain sufficient DBE participation, even if they were not fully successful.

II. In any situation in which Milwaukee County has established a contract goal, part 26 requires you to use the good faith effort mechanism of this part. As a recipient, it is up to you to make a fair and reasonable judgment whether a bidder/proposer that did not meet the goal made adequate good faith efforts. It is important for you to consider the quality, quantity, and intensity of the different kinds of efforts that the bidder/proposer has made. The efforts employed by the bidder/proposer should be those that one could reasonably expect a bidder/proposer to take if the bidder/proposer were actively and aggressively trying to obtain DBE participation sufficient to meet the DBE contract goal. Mere pro forma efforts are not good faith efforts to meet the DBE contract requirements. We emphasize, however, that your determination concerning the sufficiency of the firm's good faith efforts is a judgment call: meeting quantitative formulas is not required.

III. The Department also strongly cautions Milwaukee County against requiring that a bidder/proposer meet a contract goal (i. e., obtain a specified amount of DBE participation) in order to be awarded a contract, even though the bidder/proposer makes an adequate good faith efforts showing. This rule specifically prohibits you from ignoring bona fide good faith efforts.

IV. The following is a list of types of actions, which Milwaukee County should consider as part of the bidder/proposer's good faith efforts to obtain DBE participation. It is not intended to be a mandatory checklist, nor is it intended to be exclusive or exhaustive. Other factors or types of efforts may be relevant in appropriate cases:

Soliciting through all reasonable and available means (e. g. attendance at pre-bid meetings, advertising and/or written notices) the interest of all certified DBEs who have the capability to perform the work of the contract. The bidder/proposer must solicit this interest within sufficient time to allow the DBEs to respond to the solicitation. The bidder/proposer must determine with certainty if the DBEs are interested by taking appropriate steps to follow up initial solicitations.

Selecting portions of the work to be performed by DBEs in order to increase the likelihood that the DBE goals will be achieved. This includes, where appropriate, breaking out contract work items into economically feasible units to facilitate DBE participation, even when the prime contractor might otherwise prefer to perform these work items with its own forces.

Soliciting through all reasonable and available means (e. g. attendance at pre-bid meetings, advertising and/or written notices) the interest of all certified DBEs who have the capability to perform the work of the contract. The bidder/proposer must solicit this interest within sufficient time to allow the DBEs to respond to the solicitation. The bidder/proposer must determine with certainty if the DBEs are interested by taking appropriate steps to follow up initial solicitations.

Selecting portions of the work to be performed by DBEs in order to increase the likelihood that the DBE goals will be achieved. This includes, where appropriate, breaking out contract work items into economically feasible units to facilitate DBE participation, even when the prime contractor might otherwise prefer to perform these work items with its own forces.

Providing interested DBEs with adequate information about the plans, specifications, and requirements of the contract in a timely manner to assist them in responding to a solicitation.
Negotiating in good faith with interested DBEs.

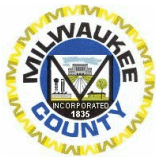
It is the consultant/service provider's responsibility to make a portion of the work available to DBE subcontractors and to select those portions of the work consistent with the available DBE subcontractors, so as to facilitate DBE participation. Evidence of such negotiation includes the names, addresses, and telephone numbers of DBEs that were considered; a description of the information provided regarding the plans and specifications for the work selected for subcontracting; and evidence as to why additional agreements could not be reached for DBEs to perform the work.

A consultant/service provider using good business judgment would consider a number of factors in negotiating with subcontractors, including DBE subcontractors, and would take a firm's price and capabilities as well as contract goals into consideration. However, the fact that there may be some additional costs involved in finding and using DBEs is not in itself sufficient reason for a bidder/proposer's failure to meet the contract DBE goal, as long as reasonable. Also, the ability or desire of a consultant/service provider to do the work of a contract with its own organization does not relieve it of the responsibility to make good faith efforts. Prime consultants/service providers are not, however, required to accept higher quotes from DBEs if the price difference is excessive or unreasonable.

Not rejecting DBEs as being unqualified without sound reasons based on a thorough investigation of their capabilities. The contractor's standing within its industry, membership in specific groups, organizations, or associations and political or social affiliations (for example union vs. non-union employee status) are not legitimate causes for the rejection or non-solicitation of bids in the contractor's efforts to meet the project goal. Making efforts to assist interested DBEs in obtaining lines of credit or insurance as required by the recipient or contractor.

Making efforts to assist interested DBEs in obtaining necessary resources or related assistance or services. Effectively using the services of available minority/women community organizations; minority/women contractors' groups; local, state, and Federal minority/women business assistance offices; and other organizations as allowed on a case-by-case basis to provide assistance in the recruitment and placement of DBEs.

In determining whether a consultant/service provider has made good faith efforts, Milwaukee County may take into account the performance of other bidders/proposers in meeting the contract. For example, when the apparent successful consultant/service provider fails to meet the contract goal, but others meet it, Milwaukee County may reasonably raise the question of whether, with additional reasonable efforts, the apparent successful consultant/service provider could have met the goal. If the apparent successful bidder/proposer fails to meet the goal, but meets or exceeds the average DBE participation obtained by other consultants/service providers, Milwaukee County may view this, in conjunction with other factors, as evidence of the apparent successful bidder/proposer having made good faith efforts.



**MILWAUKEE COUNTY COMMUNITY BUSINESS DEVELOPMENT
PARTNERS (CBDP) OFFICE
CERTIFICATE OF GOOD FAITH EFFORTS**

The intent of this certification is to document the good faith efforts implemented by the apparent successful consultant/service provider in soliciting and utilizing DBE firms to meet DBE participation requirements. This certificate will assist Milwaukee County in determining whether the apparent successful consultant/service provider has implemented comprehensive good faith efforts.

Failure to implement “good faith” efforts to the satisfaction of Milwaukee County could result in the rejection of the proposal.

I, _____, do hereby acknowledge that I am the _____ of _____, who has been identified as the apparent successful consultant/service provider on the following Milwaukee County Project:

Project No.	Project Title	Total Contract Amount	DBE Percentage	
			Goal	Pledged

Provide a brief summary on why you believe your firm is unable to meet the DBE participation goals on this project (Attach additional pages if necessary.)

I hereby certify that I have utilized comprehensive “good faith” efforts to solicit and utilize DBE firms to meet the DBE participation requirements of this contract proposal, as demonstrated by my responses to the following questions:

A. Identifying Subcontract Work Items

Consultants/service providers are encouraged to select portions of work to be subcontracted in a manner which will increase the likelihood of meeting DBE goals. In selecting work to be subcontracted, consultant/service provider will consider, where appropriate, breaking down contracts into economically feasible units to facilitate DBE participation.

- 1. Which portion(s) or section(s) of the contract proposal, in terms of the nature of work, were selected to be subcontracted to DBE firms (or broken down into economically feasible units to facilitate DBE participation)?**

B. Notifying DBE Firms of Contracting Opportunities

2. In the table below, indicate which firms received written notification of work items to be subcontracted. In the appropriate space, also indicate when firms received subsequent telephone solicitations. Please attach additional page(s) so that all companies contacted are listed. (Attach photocopies of all written solicitations to DBE firms to this certificate.)

Company Contacted	Date of Written Notification	DBE (Yes/No)	Date of Follow-up Telephone Call

3. Identify publications in which announcements or notifications were placed and published, if any. (Attach copies of proof of each announcement or notification.)

Published Announcement/Publication (please describe)	Date

4. Identify DBE associations or organizations that received written notifications, including dates of all notifications. Provide name of person and date of follow-up call. If no follow-up calls made, explain why not. (Attach copies of letters sent as proof of notification.)

DBE Association/Organization	Date of Notification	Contact Person	Date of Follow-Up Call

5. Were the services of the Milwaukee County's Community Business Development Partners (CBDP) Office used to assist in the recruitment of DBE firms?

Yes _____ No _____

Contact was made by: telephone _____ written correspondence _____

Date contacted: _____ Person Contacted: _____

C. Providing DBEs With Assistance

6. Explain any efforts undertaken to provide DBE firms with adequate information about project scope of work and requirements of the contract:

7. Describe any efforts undertaken to assist interested DBE firms in obtaining lines of credit or insurance required by Milwaukee County or the contractor:

8. Describe any other efforts initiated to provide special assistance to DBE firms interested in participating in the project.

D. Soliciting Proposal/Quotes From Interested DBE Firms

Contractors must solicit proposal/quotes in good faith with interested DBE firms. Quotes, proposals, and bids from interested DBE firms must not be rejected by contractors without sound justification.

9. Indicate in the table below which DBE firms submitted quotes on the contract proposal. Also, provide a brief explanation of why any of these DBE project quotes were rejected. Please attach additional pages(s) if necessary.

Name/Address/Contact Person of DBE Firm	Work Quoted and Explanation for Rejecting Quotes

10. Other comments you want Milwaukee County to consider:

NOTE: The information requested as set forth above is the minimum information required by Milwaukee County's Community Business Development Partners (CBDP) Office and CBDP may request the Contractor to submit information on certain other actions taken to secure DBE participation in an effort to meet the goals.

AFFIDAVIT

STATE OF WISCONSIN)

) ss

COUNTY OF _____)

The undersigned, having been first duly sworn, says that the information given in the above certificate is true and correct to the best of his/her knowledge and belief.

Signed: _____

Bidder/Authorized Representative

Subscribed and sworn to before me:

This _____ day of _____, 20 ____.

Notary Public

My commission expires _____, 20 ____.

COMMITMENT TO SUBCONTRACT WITH *DBE* FIRMS

PROJECT No.: _____ PROJECT TITLE: _____

TOTAL CONTRACT AMOUNT (*) \$ _____

DBE Goal: _____ (*)

Subcontract Agreements with DBE firm(s) MUST be Submitted Within Ten (10) Days from Receipt of Notice to Proceed

A	V	Name of DBE(**) Firm(s)	Scope of Work Detailed Description	Subcontract Amount	% of Total Contract

(If using more DBE firms, include them in separate notarized form)

Total \$ Amount of DBE _____ Total % _____

I certify that these identified services and costs were quoted by the DBE firm(s). If awarded this contract, our firm _____ (Phone No. _____) intends to enter into subcontract agreements with the DBE firm(s) listed for the services specified. The information on this form is true and accurate to the best of my knowledge. I further understand that falsification, fraudulent statement or misrepresentation will result in appropriate sanctions under applicable Local, State or Federal laws.

Signature of Authorized Representative _____ Print/Type Name of Authorized Representative _____ Date _____

Subscribed and sworn to before me this _____ day of _____, 20_____

Signature of Notary Public _____ State of _____, My Commission expires _____.

[SEAL]

CBDP APPROVAL:

Signature _____ Date _____

* Exclude all allowances

** These may include any firms certified as DBEs by Milwaukee County Certification Program prior to the bid due date.

FOR CBDP USE ONLY: (A) \$ _____
(V) \$ _____

Total % _____

CBDP APPROVAL:

* Exclude all allowances

** These may include any firms certified as DBEs by Milwaukee County Certification Program prior to the bid due date.

Signature

Date

Form DBD-014PS

PLEASE SEE BACK FOR INSTRUCTIONS AND ADDITIONAL REQUIREMENTS

Rev. 03/05/04

**COMMUNITY BUSINESS DEVELOPMENT PARTNERS (CBDP) OFFICE
COMMITMENT TO SUBCONTRACT TO DBE FIRMS FORM
ADDITIONAL INSTRUCTIONS/REQUIREMENTS**

INSTRUCTIONS:

1. In accordance with the new DBE Regulations, 49CFR26, Milwaukee County is tracking Assigned (Race Conscious) Goals for DBEs and Voluntary Utilization (Race Neutral) of DBE firms. Information reported on this form will be used to periodically adjust Race Conscious and Race Neutral components of Milwaukee County's overall DBE goal.
2. For each DBE firm listed on this form, place an "X" in the appropriate column to indicate whether it will be used to meet Assigned [(A) Race Conscious Goal] and/or Voluntary [(V) Race Neutral Goal]. Any achievement above assigned goals should be reported as voluntary goal achievement. If you indicate that a DBE firm will be used to meet both Assigned (Race Conscious) and Voluntary (Race Neutral) goals, indicate the dollar amount attributable to assigned goals. DBE use to meet assigned goals is enforceable. It is important to report the use of DBEs on a voluntary basis since they count toward meeting the overall annual DBE goal. Failure to meet voluntary goals could result in an increase of assigned (Race Conscious) goals for future bids. Our objective is to capture all DBE achievement you generate.
3. If you have questions about filling out this form, please contact the CBDP Office at (414) 278-5248.

ADDITIONAL INFORMATION/REQUIREMENTS:

1. **ALLOWANCES (Construction Related):** During the course of this project you will be using portions of the Allowance, which was initially deducted from your contract when you figured out your DBE requirement. As the allowance is used on the project, it is to be added back into the total contract price. An exception would be if the allowance being used is such that the DBE(s) cannot handle any portion of the work, the total contract amount will remain the same. In this case, it is necessary for the prime contractor to contact CBDP office immediately by phone and provide the dollar amount involved and the reasoning for DBEs not being utilized. In addition, a follow-up letter documenting the information is required.
2. **CHANGE ORDERS:** Any prime contractor receiving additional work on the contract in the form of change orders, etc., will be expected and required to increase the amount of DBE participation proportionally. Any time you receive additional work of any type, the prime contractor is required to contact the CBDP office immediately.
3. **WRITTEN CONTRACTS WITH DBEs:** In order to avoid problems at a later date, CBDP requires that prime contractors enter into a contract (please send a copy to CBDP) with the DBE subcontractor(s), spelling out specifically the work to be accomplished and for the dollar amount specified in this form. Also included in the contract will be the method of retainage, which is to be based on the same percentage that will be retained by the County from the prime contractor's contract. When the County reduces the amount of retainage, a like reduction should be retained from the payment to the DBE. ***By executing the above affidavit, your company is certifying, under oath, that you have had contact with the named DBE firm(s), that the DBE firm(s) will be hired, and that the DBE firm(s) will***

participate to the extent indicated in performance of the contract. **VIOLATION OF THE TERMS OF THE AFFIDAVIT WILL BE GROUNDS FOR TERMINATION OF YOUR CONTRACT.**

4. **DBE UTILIZATION REPORTS:** A DBE Utilization Report must be submitted with each payment application for the previous period's activity, even if no activity took place during the period being reported. CBDP may request that payments be withheld to the prime contractor who is not in compliance.
5. **SUBSTITUTIONS, DBEs SUBCONTRACTING THE WORK, TRUCKING FIRMS:**
The prime contractor must submit a written request for substitution, specifying the reason for the request. Approval must be obtained prior to making substitutions. Requirement to notify and obtain approval from the CBDPOffice if DBE subcontractors will further subcontract out work on this project. In the case of DBE trucking firms, credit will be given for trucks leased from other DBE firms; however, if the DBE leases trucks from non-DBE firms, only the fee or commission will be counted for DBE crediting.
6. **PAYMENT APPLICATIONS:** DBE Utilization Reports (DBD-016PS form) must be submitted with each and every Payment Application including invoices. These reports must cover the period from the start of the project to the end of each period covered by payment applications being submitted, until the end of the contract when the last payment application is submitted. The department contract administrator will reject payment applications that are not in compliance with this section.

IF YOU HAVE ANY PROBLEMS OR CONCERNS, PLEASE CONTACT THE CBDP OFFICE AT (414) 278-5248

DBD-014PS
Revised 03/05/04



Pursuant to Federal Regulations, Milwaukee County is required to collect information on sub-consultants submitting quotes to prime consultants/service providers that submit proposals on Milwaukee County projects. Provide the following information on both DBE and non-DBE sub-consultants bids and/or quotes. **Submit this information with proposal.**

[illegible]

(*) Check if this sub-consultant's quote has been used in your proposal.

(**) Annual Gross Receipts:

A: Less than \$250,000	B: \$250,000 to \$500,000	C: \$500,000 to 1 million
D: \$1 million to \$5 million	E: \$5 million to \$15 million	F: More than \$15 million

Note: Information gathered on the background and financial status of firms is protected from disclosure.

**DISADVANTAGED BUSINESS ENTERPRISE
PROFESSIONAL SERVICES "DBE" UTILIZATION REPORT***

NAME OF CONSULTANT _____ TELEPHONE NO. () _____
 ADDRESS _____ CITY _____ STATE _____ (ZIP CODE) _____
 PROJECT TITLE _____ PROJECT # _____
 TOTAL CONTRACT \$ AMT _____ TOTAL CONTRACT PAYMENT YTD \$ _____ CONTRACT % COMPLETE _____
 TOTAL DBE CONTRACT \$ AMT _____ TOTAL DBE PAYMENT YTD \$ _____ DBE % COMPLETE _____ **
 COUNTY PROJECT/CONTACT PERSON _____ TELEPHONE NO. _____
 REPORT FOR THE PERIOD FROM: _____ TO: _____ 200 _____ FINAL REPORT: () Yes () No

List Disadvantaged Business Enterprise firms utilized in connection with the above Project, either as sub consultants or suppliers in the last period.

NAME OF DBE FIRM	SUB-CONTRACT \$ AMOUNT	WORKSERVICE PERFORMED	AMT. OF PAYMENTS THIS PERIOD	AMT. OF PAYMENTS TO DATE	REMAINING BALANCE

Report Prepared by: _____ Approved by: _____
 (Name & Title)

*Directions for completion of report - see reverse side
 **If the % DBE completion is less than the % contract completion, please attach an explanation as to why the DBE requirements are not being met at this time.

Form DBD-016PS FORM

Rev. 03/05/04

DIRECTIONS FOR COMPLETING THE "DBE" UTILIZATION REPORT

This report must be submitted with each payment application.

1. Prime consultant's registered company name.
2. Prime consultant's business telephone number.
3. Prime consultant's business address.
4. City in which prime consultant firm is located.
5. State in which prime consultant is located.
6. Zip code for prime consultant's place of business.
7. Name of County Project
8. Project number as stated in the Bid Announcements and Specifications.
9. Total dollar amount of contract awarded prime consultant by Milwaukee County.
10. Total dollar amount of payments to all employees, suppliers and all subconsultants to date.
11. County Project Manager/Contact Person with whom your firm coordinates the progress of the project.
12. Telephone number of the above County representative.
13. The period and year for which payments are being reported.
14. The line next to Final Report is to be checked only when the final payments have been made to all DBE subconsultants.
15. The name(s) of DBE firm(s) having received payment in the preceding month or period.
16. Total dollar amount of the work subcontracted to the listed firm(s).
17. The work or service performed by the listed DBE firm(s).
18. The dollar amount of payments made to each DBE subconsultant for the period being reported.
19. The total dollar amount paid to each DBE subconsultant to date (cumulative). As an example--if the report covers the first payment to a DBE subconsultant, the amounts listed in the last two columns would be the same; however, if previous payments had been made in preceding periods the columns would differ: the column "Amount of Payments for the Period" would show only the payment for the period being reported and the next column would show the subtotal of payments (cumulative) to each DBE subconsultant to date.
20. Remaining balance of the subcontract to the listed DBE firm(s).
21. Prime consultant's staff that actually prepared the report.
22. Prime consultant's officer or personnel authorized to review and approve the DBE Utilization Report.
23. Please mail this form to : CBDP Office, 2711 W. Wells Street, Room 807, Milwaukee, WI 53208

THIS REPORT MUST BE SUBMITTED EACH PAYMENT APPLICATION EVEN IF NO ACTIVITY TOOK PLACE DURING THE PERIOD BEING REPORTED

IF YOU HAVE ANY PROBLEMS OR CONCERNS WITH ANY DBE, CALL THE CBDP OFFICE AT (414) 278-5248

D-016PS FORM

Rev. 03/05/04

DEPARTMENT OF HEALTH AND HUMAN SERVICES

SECTION VI

OVERVIEW OF PROPOSAL REVIEW PROCESS PROPOSAL REVIEW EVALUATION CRITERIA QUALITY ASSURANCE

I. Overview of the Request for Proposal Process

The Department of Health and Human Services' Request for Proposal (RFP) process begins with the preparation of the *Professional Service Agreement Guidelines: Program and Technical Requirements*, the mailing of an 'Interested Parties' letter to all current contractors and interested parties on the Department of Health and Human Services (DHHS) mailing list maintained by Contract Administration, and, the publication of media announcements in six community newspapers.

Following the proposal review process, contract award recommendations are presented for review and recommendation to the County Board Committee on Health and Human Needs. The County Board of Supervisors may modify or reject the funding recommendations, and the County Executive may veto, in part or in whole, the County Board's action.

II. Proposal Review Panel Selection and Representation

A. Proposal Review Panel Selection

Proposals to provide services under contract for the Department of Health and Human Services shall be evaluated by panel members with familiarity and/or experience in the field of social/human services. Panel members and their immediate families (Spouse, Parent, Child, Sibling or Significant Other) may not have any familial, official, board member, employment, fiduciary or contractual relationships with organizations currently funded by Milwaukee County in the program area for which the applicant has applied, or hold any ownership, contractual or employment interests in the applicant or its subsidiaries under consideration. At the discretion of DHHS division administrators, respective program, quality assurance and contract administration staff will serve on review panels. Staff will not comprise the majority of panel members. Outside panel members will be selected from various sources including the following:

- community volunteers and representatives;
- representatives of professional and educational organizations;
- representatives of community councils and advocacy organizations.

Recommendations of persons to serve on proposal review panels are welcome from appropriate governmental entities, i.e., Disadvantaged Business Development Department, etc.

B. Proposal Review Panel Representation

Panel representation to review proposals submitted for contract recommendations shall include:

- minority and culturally diverse representation;
- consumer/service recipient representation or their guardians, if applicable.

The primary role of Department of Health and Human Services program division staff shall be to serve in a consulting capacity to panel members. Respective division staff shall convene the panel at a specific time and place to discuss the review process in a group setting, and, following the review, to finalize the proposal ratings prior to averaging the scores. Staff, as consultants, shall provide responses to program and procedural information including:

- past performance of an applicant;
- applicant's problem solving and responsiveness to issues;
- program knowledge;
- program needs; and,
- program outcomes and performance reviews.

Using the established review criteria, representatives participating on a review panel will score each proposal independently on a preliminary basis, with the final proposal analysis reporting an average score of the proposal.

1. Panel representation for **more than one proposal** submitted to provide the same program or service for the DHHS will include a **minimum of three members**. The panel shall be comprised of as broad a base of community, minority and culturally diverse, consumer/service recipient representation as possible. Based on the discretion of division administrative staff, or on program factors, number of proposals submitted, and minority and culturally diverse representation, etc., panels may be comprised of more than three members including one program or quality assurance staff, and one contract administration staff. Staff will not comprise the majority of panel members.
2. Panel representation when **only one proposal** is submitted per contract to provide a particular program or service will be **no more than two members** comprised of as broad a base of community, minority and culturally diverse, consumer/service recipient representation as possible. The panel for only one proposal submitted to provide a program or service may be comprised of one community representative.

Though there is not a competitive review process for programs and services purchased by the DHHS on a multi-year funding cycle or

designated provider agencies, the agencies submitting proposals are required to submit application items identified in the *Professional Service Agreement Guidelines: Program and Technical Requirements*. Program, quality assurance and/or contract administration staff will perform a screening of items submitted by agencies in this category.

III. General Guidelines

- A. The role of the review panel is to rate proposals against the published scoring criteria. These ratings are forwarded to division administrators who may accept or dispute them. If a division administrator disputes an evaluation panel's scoring, the panel shall be apprised of the item in dispute, the related criterion and the basis for the dispute. The panel shall then be reconvened to discuss and evaluate the basis for the dispute and make a determination to uphold or modify their original rating based on any new information presented. Any alteration to the panel's scoring of a proposal shall be noted in the report to the Milwaukee County Board of Supervisors when a contract recommendation is made.
- B. The primary measure of the quality of the applicant's proposal will be specific examples of successful previous experience that relates to the various items in the proposal. Successful previous experience will be measured and scored based on the current and recent county contract performance of applicants, or, for new applicants, current and recent non-county contract performance, or, for new organizations, the current and recent experience of senior staff at applicant's agency.
- C. The review process may include verification of assertions made by the applicant in the proposal.
- D. Reviewers will score proposals against the published criteria, and will not consider non-published criteria.
- E. Criteria to be considered in evaluating proposals include the applicant's ability to provide the proposed program, the applicant's proposed program relative to that proposed by other applicants, and the applicant's proposed cost to provide the program or service compared to the cost proposed by other qualified applicants.
- F. Points will be deducted during the proposal scoring process for all omissions, and depending upon which items are missing, the entire application may be removed from consideration. **Note:** If an item is not included in the proposal and a separate page has not been included indicating the item was deemed not applicable by DHHS program staff, it will be considered an omission.

IV. Proposal Evaluation Criteria

- A. **Administrative Ability - 12 points** The applicant demonstrates evidence of administrative capacity to meet federal, state, and county administrative requirements. Applicant demonstrates an ability to provide timely and accurate monthly client and financial reports. Applicant demonstrates an ability to be responsive to crisis situations, including, but not limited to, variations in client referral volume and serving exceptional cases.

In scoring proposals, for agencies currently under contract with DHHS, reviewers will consider the on time and accuracy rate of applicant in prior year's required submissions. For new applicants, reviewers will consider the on time and accuracy rate of applicant as described by the person providing the required Performance Assessment report (item 18c or 18c-2). **Additionally, in scoring proposals for Administrative ability, reviewers will consider the accuracy and completeness of the proposal. Inaccurate or incomplete proposals will receive reduced scores.**

For new applicants (existing agencies without current or recent-within last two years-DHHS contracting experience), the provided Performance Assessment for New Applicant Agency report must attest to the *applicant's* level of timeliness and accuracy of required submissions. **This letter must be completed by an authorized representative of a prior fundor.**

For new agencies without an agency contracting history of any kind, the Performance Assessment for New Applicant Leadership report is subject to the same requirements as above, but will be for the *head of the organization and senior fiscal and program staff*. **This document may be completed either by a prior fundor or by prior employer.**

Performance Assessment reports for agencies with non-DHHS contracting history and for new applicants without any agency contracting history must use Item 18c or 18c-2.

The applicant shall describe its history, if any, as well as proposed strategy for handling crisis situations, as defined above, using specific examples. For full points, applicant must have an existing system in place that addresses crisis situations. For applicants without previous experience handling crisis situations, proposal will be scored based on the quality of proposed strategy. Examples of strategies to respond to crisis situations can include, but are not limited to: referral networks, flexible staffing arrangements-such as contingency workers, on call staff, or "pool" workers, and other strategies to expand or reduce physical or staff capacity.

Administrative Ability will also be scored based on reviewers' prior experience, if applicable, with applicant relating to these criteria.

- B. **Budget Justification – 13 points** The applicant provides a budget that is accurate, clear, and in sufficient detail. The budget effectively and efficiently supports the level of service, staffing, and the proposed program. The applicant's proposed cost to deliver the service, compared to other applicants, reflects the quality and quantity of service to be provided. The reviewer's analysis will include: unit cost comparisons and/or budget overview, total number of units of service to be provided, any limitations on the total number of clients to be served during the contract period.

Budget Justification will also be scored based on reviewers' prior experience, if applicable, with applicant relating to these criteria.

- C. **DBE Commitment to Sub-contract/Good Faith Efforts- 9 points** DBE forms are completed as applicable and the applicant has worked with the CBDP office to determine areas where disadvantaged business sub-contracting is possible.
- D. **Previous Experience – 13 Points.** The applicant's experience demonstrates the ability to provide the proposed service to the target group. For applicants without prior Milwaukee County experience, information will be gathered from Performance Assessments provided by the applicant following a prescribed format. Documented non-performance or noncompliance under previous contracts will be taken into consideration.

In evaluating experience in proposals, reviewers will consider:

Past Service Experience with similar contracts. Similarity to be measured by looking at specific, detailed examples of **successful** current or recent contracts in terms of: 1) program volume, 2) target population, 3) dollar amount of contract, and 4) service mix. For full points, applicant currently successfully operates a program which meets or exceeds these four criteria. In evaluating "success" reviewers will consider the content of evaluation and other program reports, as well as Quality Assurance findings and corrective action plans, as applicable.

Performance Assessment reports (item 18c and 18c-2) for agencies with non-DHHS contracting history and for new agencies without any agency contracting history mandatory, must be used and completed in full.

Previous Experience will also be scored based on reviewers' prior experience, if applicable, with applicant relating to these criteria.

- E. **Mission and Goals – 5 Points.** The applicant has a clear and distinct mission and goal statement for its agency that is aligned with that of the contract division applied to.

Mission and Goals will also be scored based on reviewers' prior experience, if applicable, with applicant relating to these criteria.

- F. **Outcomes and Quality Assurance – 13 Points.** The proposed program has a performance improvement process in place, including, at a minimum, the measurement of outcomes, the analysis and improvement of the service delivery process, employee evaluations, and consumer/community evaluation and feedback. It can demonstrate the use of performance improvement information to improve service delivery and program management.

Applicant demonstrates the ability to provide adequate quality assurance procedures. In addition, the applicant shows an ability to provide ongoing outcome development, measurement, and reporting of the service(s) being provided. Optimal evidence of ability would include specific examples of previous outcome measurement and quality assurance activities. Applicant shall describe existing outcome measurement and quality assurance methodology to include the elements listed below. For full points, applicant must have previous experience implementing outcome measurement and quality assurance procedures which include all the elements listed below. For applicants without previous outcome measurement experience, scoring will be based on the quality of the proposed plan. ***For additional information regarding DHHS expectations and technical assistance for outcome measurement, please refer to:***

<http://www.county.milwaukee.gov/ContractMgt15483.htm>

Proposed outcomes, indicators, and methods of measurement must reflect those specified in the respective Professional Service Agreement Guidelines Program Requirements, as applicable. If none are specified, applicant shall propose their own.

- Applicant shall identify indicators and methods of data collection and measurement for each outcome where not specified in the Program Requirements.
- Indicators shall be expressed in terms of numbers and percentages of participants achieving the related outcome, as proposed by the applicant in Item 23.
- The evaluation section of the application should outline who will conduct the evaluation, what data will be collected, and what forms or assessment tools will be used.

In order to receive full points for this item, applicant will have submitted evaluation reports on time and with all required elements for the previous contract year (for existing agencies), or shall be identified in the Performance Assessment as having met or exceeded expectations for “accurate submission of program reports” and “timely submission of program reports” (for agencies without current or recent DHHS contracting experience).

Applicant is creative and progressive in service delivery approaches that will enhance the quality of services, as measured by specific examples of using evaluation or other outcome data to make program improvements, or by giving specific examples of introducing new program strategies that are research supported (evidence based).

Outcomes and Quality Assurance will also be scored based on reviewers’ prior experience, if applicable, with applicant relating to these criteria.

G. Service Plan and Delivery – 23 Points.

Evaluation and scoring of the Service Delivery Plan will consider:

- Consistency with program objectives as defined by DHHS in the Year 2008 Professional Service Agreement Guidelines Program Requirements and the contract agency.
- Definition of the timeframe during which clients will be engaged in services.
- Description of how the program will be implemented and brought up to capacity.
- Coordination of services and formal arrangements with other providers, as applicable.

There is a performance improvement plan, which includes measurement of outcomes, and demonstrated use of performance information to improve services and program management. For full points, applicant must describe service delivery in terms of inputs, processes, outputs, and outcomes, and indicators as described in items 18a and 18b. Appropriate grievance procedures are in place. The program sites are accessible to persons with disabilities and limited English speaking abilities. The programs have incorporated principles listed in the Program Requirements.

Service Delivery Plan will also be scored based on reviewers’ prior experience, if applicable, with applicant relating to these criteria.

H. Staffing Plan – 12 Points. The applicant demonstrates an ability to provide effective staffing and agency oversight, including board

review as applicable and direct service staff supervision. Staffing levels are adequate, and staff is adequately compensated. Staff are licensed and certified as appropriate, or meet other required qualifications. Direct service staff is appropriately experienced. Applicant's turnover rate of direct service staff and training for direct service staff will be compared and ranked against the other applicants' proposals. Compensation of lowest paid staff will be compared and ranked against the other applicants' proposals.

Applicant must include average years of experience and turnover rate for direct service staff. For new agencies without a prior contracting history of any kind, applicant must indicate the required years of experience for direct service staff proposed for the program. Applicant must indicate what type of training is available to staff, including in-service training, tuition reimbursement (if applicable) benefits and utilization, and other training activities such as conference attendance, etc. For full points, applicant must indicate the specific type and quantity of training available and utilized by direct service staff during the previous year, and the type and quantity is appropriate.

Staffing Plan will also be scored based on reviewers' prior experience, if applicable, with applicant relating to these criteria.

TOTAL SCORE

100 POINTS

DEPARTMENT OF HEALTH AND HUMAN SERVICES QUALITY ASSURANCE

When an applicant has been awarded a contract, all application material submitted is organized into an agency master file that becomes part of the contract with the Department of Health and Human Services. The master file is also the primary source document for each agency contract and is an integral part of ongoing quality assurance activities. Once the master file is established, it is the contractor's responsibility to automatically update any information contained therein at the time any change/revision occurs.

Quality assurance activities help to ensure the appropriate expenditures of public funds and the provision of quality services. Quality assurance activities may include, but are not limited to:

- Review of annual and semi-annual evaluation reports submitted by the agency.
- Sampling of clients/participants served through participant interviews, client interviews, surveys/questionnaires, case file reviews, and/or service verification.
- On-site verification of compliance with the posting of the following documents: (a) participant/client rights, (b) non-discrimination policies.
- On-site monitoring of compliance with governmental and contractual requirements related to the provision of services.

On-site monitoring of a contractor's organization and management structure, fiscal accountability and/or verification of services provided.